

Name
in
Full

Alexander Bandurski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

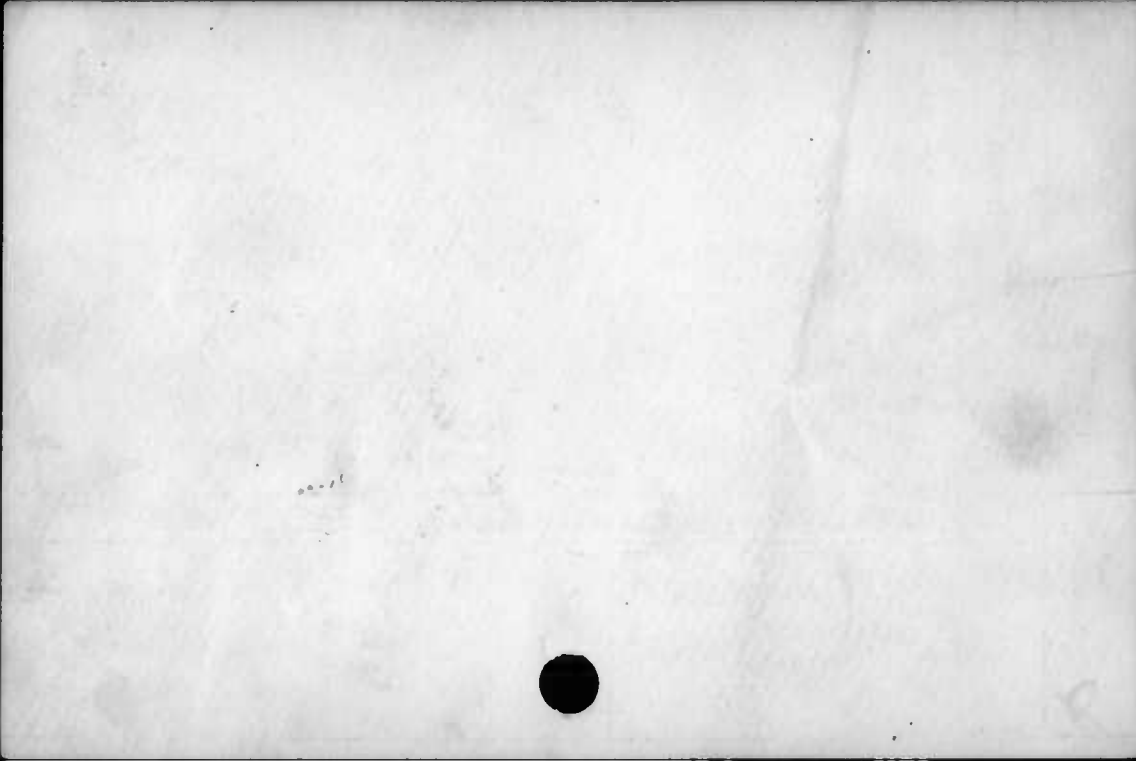
Died at <u>Rene's</u> Town		<u>Brunn Amundel</u> County		MARYLAND	
Date of death	1907	Month	12th	Day	5th
Age		38		Years	
Sex	Male	Color or Race	White	Birth-place	Austria
Occupation	Laborer		Where Residing if not at place of death <u>Brunn Amundel Co.</u>		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Mrs Bandurski</u>			
Father's Name	<u>W. R. R.</u>			Father's Birthplace	<u>W. R. R.</u>
Mother's Maiden Name	<u>"</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Saml. C. Carson</u>			How related to deceased	<u>None</u>

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary	<u>Struck by Fan - tripped and fell, his head coming in contact with one of the paddles or blades of a revolving fan, driven by steam. Paddles are of steel.</u>		How long
Immediate	<u>by steam. Paddles are of steel.</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <u>Coroner Grafton Duval</u>
			Address <u>Amnopolis A.R.D. Hol</u>
Accident or Suicide?		<u>Accident</u>	



Name
in
Full

Flossie Bias (Brewerhill cent)

CERTIFICATE OF DEATH

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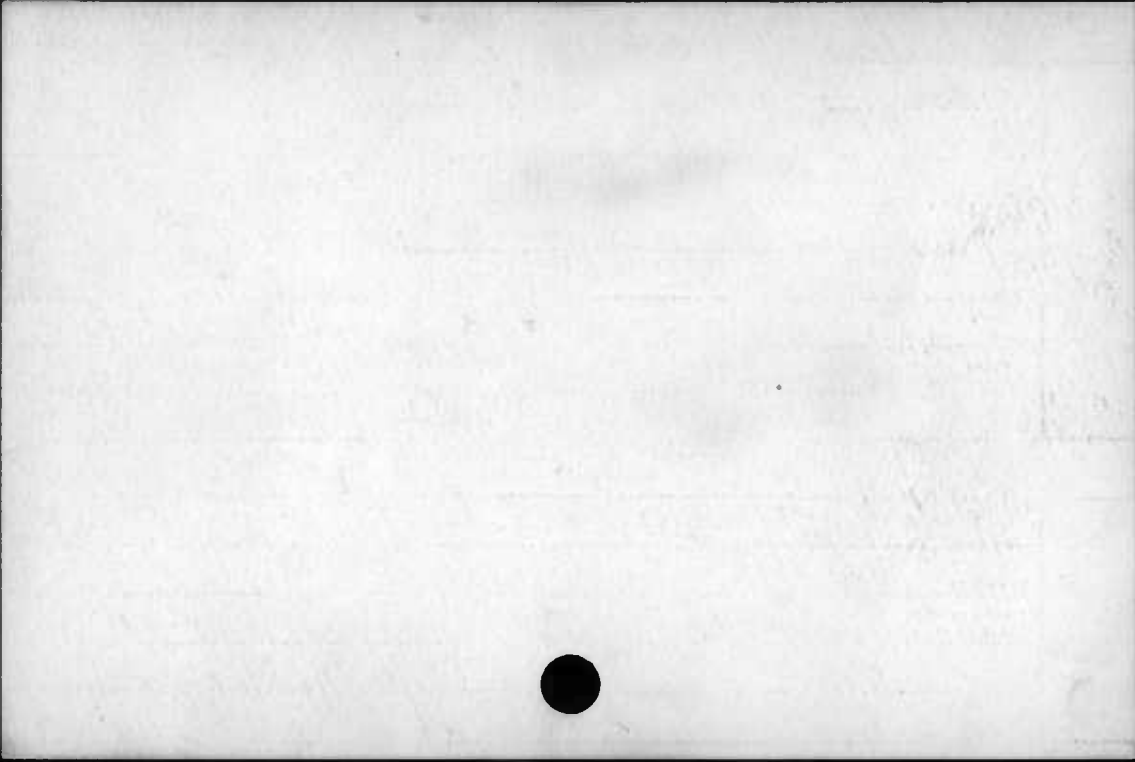
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>a - a -</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Dec.</i>		Day <i>30</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colord</i>		Birth-place <i>Annapolis Md</i>		Months <i>0</i>	
Occupation <i>unknown</i>		Where Residing if not at place of death <i>52. Washington St</i>		Years <i>—</i>		Days <i>4.</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unknown</i>		Father's Name <i>Albert Bias</i>		Father's Birthplace <i>Annapolis</i>	
Mother's Maiden Name <i>Allean Kirby</i>		Name of person giving information <i>Allean Kirby Bias</i>		Mother's Birthplace <i>Norfolk Va.</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>Four days</i>
Immediate <i>Asthemia</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Charles Blackston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Annapolis Md* TownCounty *N. A. Co*

MARYLAND

Date of death *1907* Month *Dec* Day *5*Age *53* Years Months DaysSex *male*Color or Race *Colored*Birth-place *South-River Md*Occupation *Labourer*Where Residing if not at place of death *Acton Lane*Married, Single or Widowed *Widowed*Name of Wife or Husband *Acton La Unknown*Father's Name *Robert Blackston*Father's Birthplace *South. River Md*Mother's Maiden Name *Louisa Simms*Mother's Birthplace *" " "*Name of person giving information *Garbert Blackston*How related to deceased *Brother*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONERPrimary *Bright's disease*How long *Two weeks*Immediate *Mercuric Poisoning*How long *Four days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

Accident or Suicide? *no**Geo. Wells
Annapolis Md.*

re. m. l. w.

Name
in
Full

Edward William Briesemeister

CERTIFICATE OF DEATH

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NEAREST FRIEND

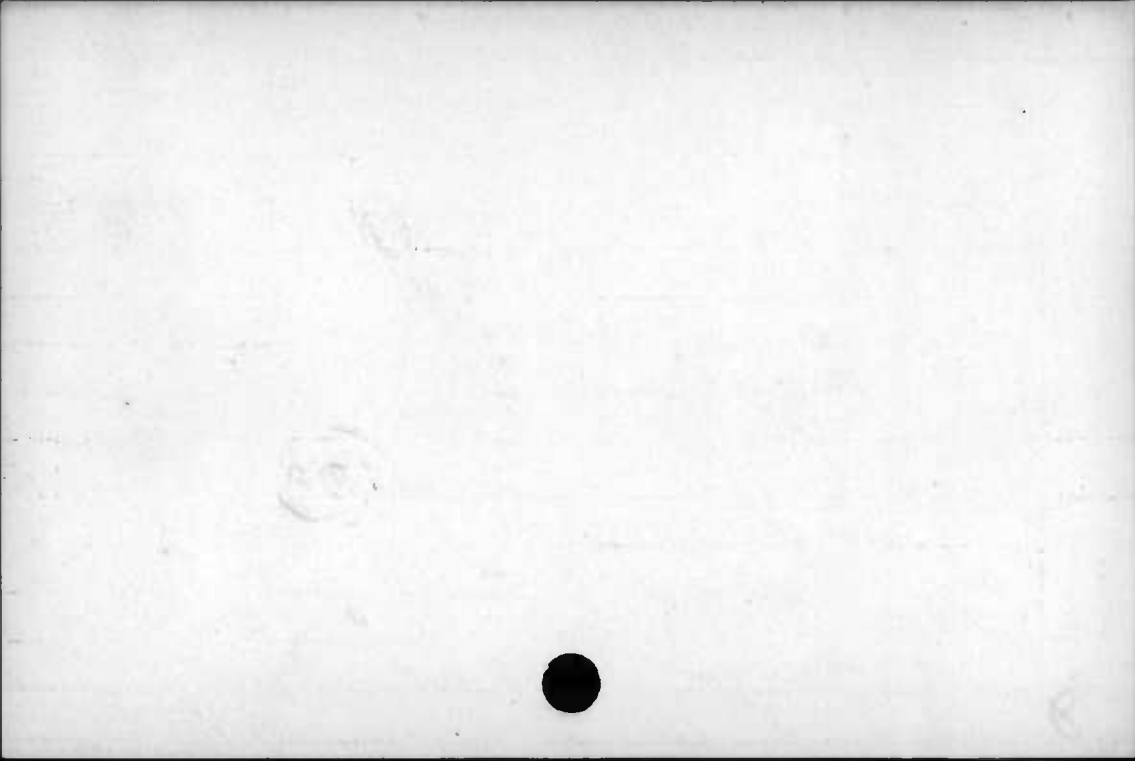
Died at <i>Nav. Hosp. Annapolis, Md.</i>		Town <i>Annapolis, Md.</i>		County <i>Anne Arundel</i>		STATE <i>MARYLAND</i>	
Date of death	1907	Month	Dec.	Day	22	Age	16
						Months	3
						Days	25
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birthplace	<i>Greenport, N.Y.</i>
Occupation	<i>Trumpeter, U.S.M.C.</i>			Where Residing if not at place of death <i>U.S.S. Hartford</i>			
Married, Single or Widowed	<i>Unknown</i>			Name of Wife or Husband <i>Unknown</i>			
Father's Name	<i>Edward W. Briesemeister</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Naval records</i>					How related to deceased	<i>—</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Toxic Gastritis</i>	How long	<i>8 days</i>
Immediate	<i>Oedema of Lungs</i>	How long	<i>18 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. H. Strine</i>	
		Address	
		<i>Willard Hospital</i>	
		<i>Annapolis, Md.</i>	
Accident or Suicide? <i>—</i>			



Caleb Briggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

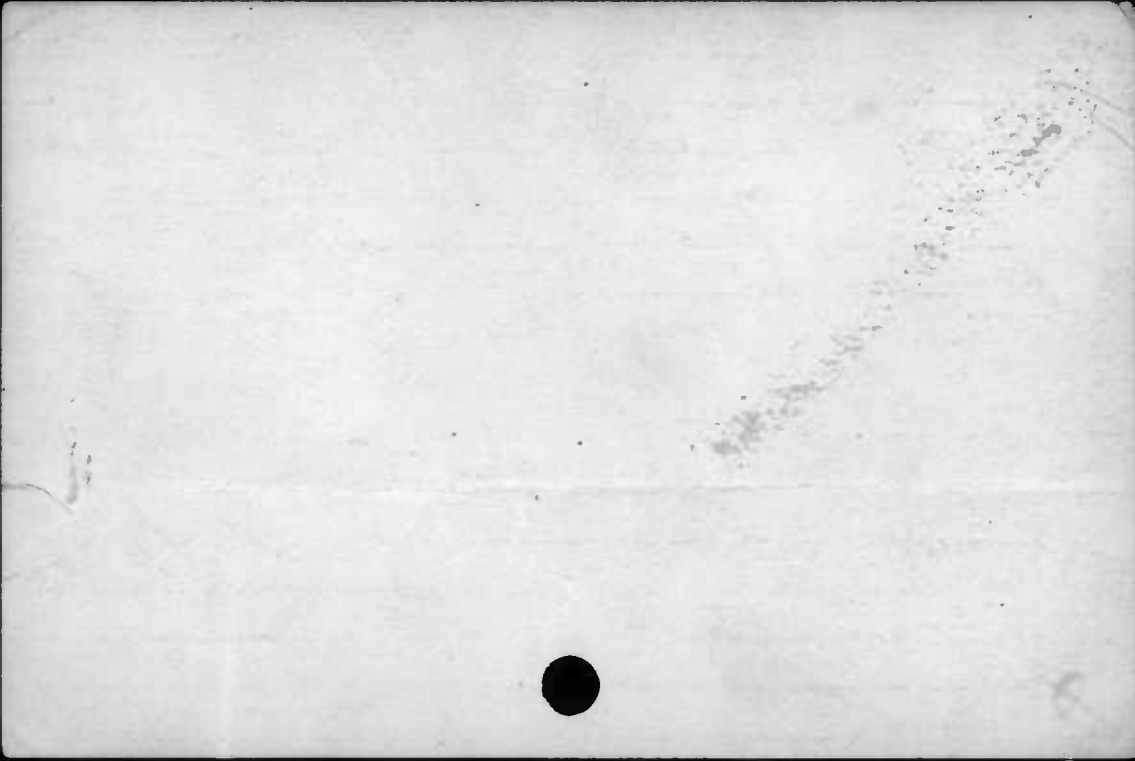
Died at		Town		County		State	
Harman		Anne Arundel		Maryland		Maryland	
Date of death		190	7	12	4	Age	72
Sex		Male		Color or Race		Black	
Occupation		Laborer		Where Residing if not at place of death		Maryland	
Married, Single or Widowed		Married		Name of Wife or Husband		Eliza Briggs	
Father's Name		Caleb Briggs		Father's Birthplace		Maryland	
Mother's Maiden Name		Betsey Briggs		Mother's Birthplace		Maryland	
Name of person giving information		Eliza Briggs		How related to deceased		Wife	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Two years
Immediate	Uræmia	How long	Three weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Ret. Hammond
Accident or Suicide?	No	Address	Jessup, Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Abram Clarke* Town *St Margarets* County *Anne Arundel* MARYLAND

Died at *St Margarets* *Anne Arundel*

Date of death *1907* Month *Dec* Day *25th* Age *50* Years Months Days

Sex *Male* Color or Race *White* Birth place *Maine*

Occupation *Sailor* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving information *John, E. Pettibone* How related to deceased *Employer*

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary *Pulmonary Hemmorage* How long *15 minutes*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. D. Ridout - M.D.* Address *Annapolis Md*

Gratton Duvalle D.M. *R. F. D. no 1*

Accident or Suicide? *Acting Coroner*



Name
in
Full

Lillian M. Colbert. - (Broadneck Cant.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis ^{Town}		A-A ^{County}		MARYLAND	
Date of death 1907 ^{Month} Dec ^{Day} 23		Age — ^{Years}		Months 5 ^{Days} —	
Sex Female		Color or Race Colored		Birth-place Annapolis	
Occupation unknown		Where Residing if not at place of death 24 Block Street			
Married, Single or Widowed Single		Name of Wife or Husband unknown			
Father's Name Richard Colbert		Father's Birthplace St. Margriss. V. Md			
Mother's Maiden Name Margret Cook		Mother's Birthplace V. - Servon Md			
Name of person giving information Margret Colbert		How related to deceased Mother			

CAUSES OF DEATH

Marasmus

Exhaustion

How long

Months

Immediate

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide?



Name
in
Full

Bessie Collison

CERTIFICATE OF DEATH

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NEAREST FRIEND

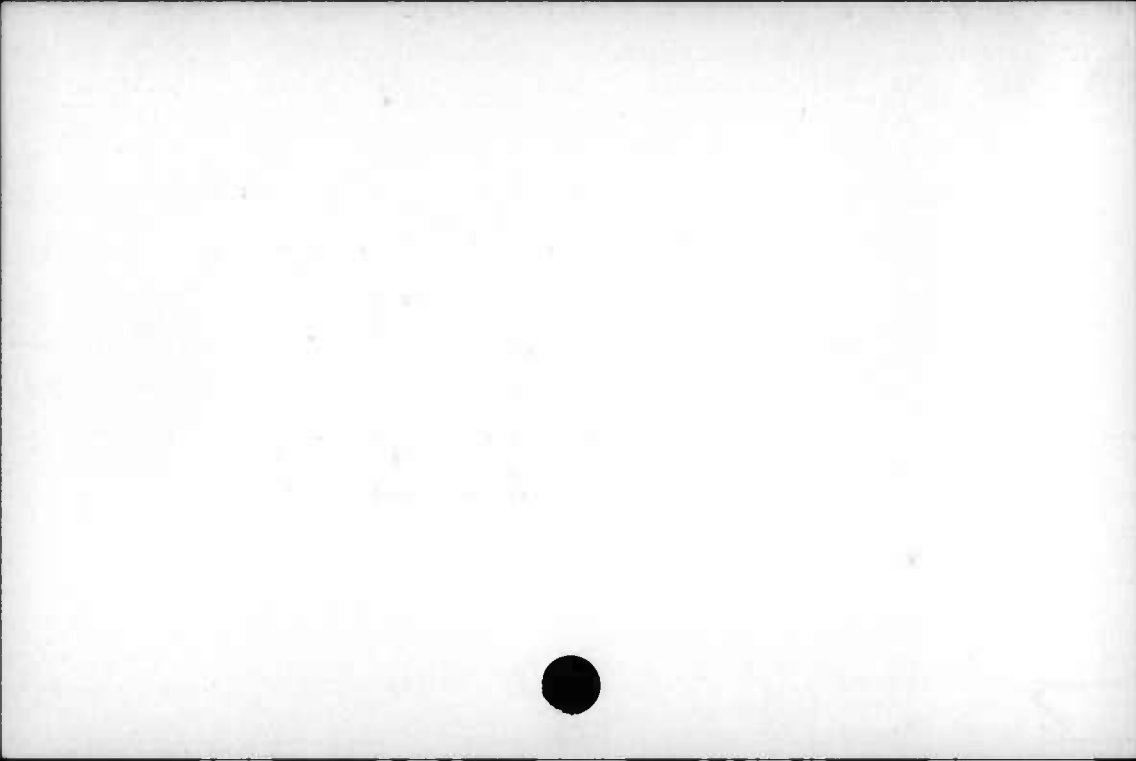
Died at <i>Mayo</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec.</i>	Day	<i>17</i>
Age		<i>19</i>		Years	<i>19</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John Collison</i>			Father's Birthplace <i>Anne Arundel Co.</i>		
Mother's Maiden Name <i>Annie Conkran</i>			Mother's Birthplace <i>Anne Arundel Co.</i>		
Name of person giving information <i>John Collison</i>			How related to deceased <i>No relation</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Chronic diarrhoea</i>	How long	<i>2 years</i>
Immediate	<i>Heart weakness</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Collison</i>	
		Address <i>South River</i>	
Accident or Suicide?		<i>No</i>	



Name
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Full

Carroll Seale

CERTIFICATE OF DEATH

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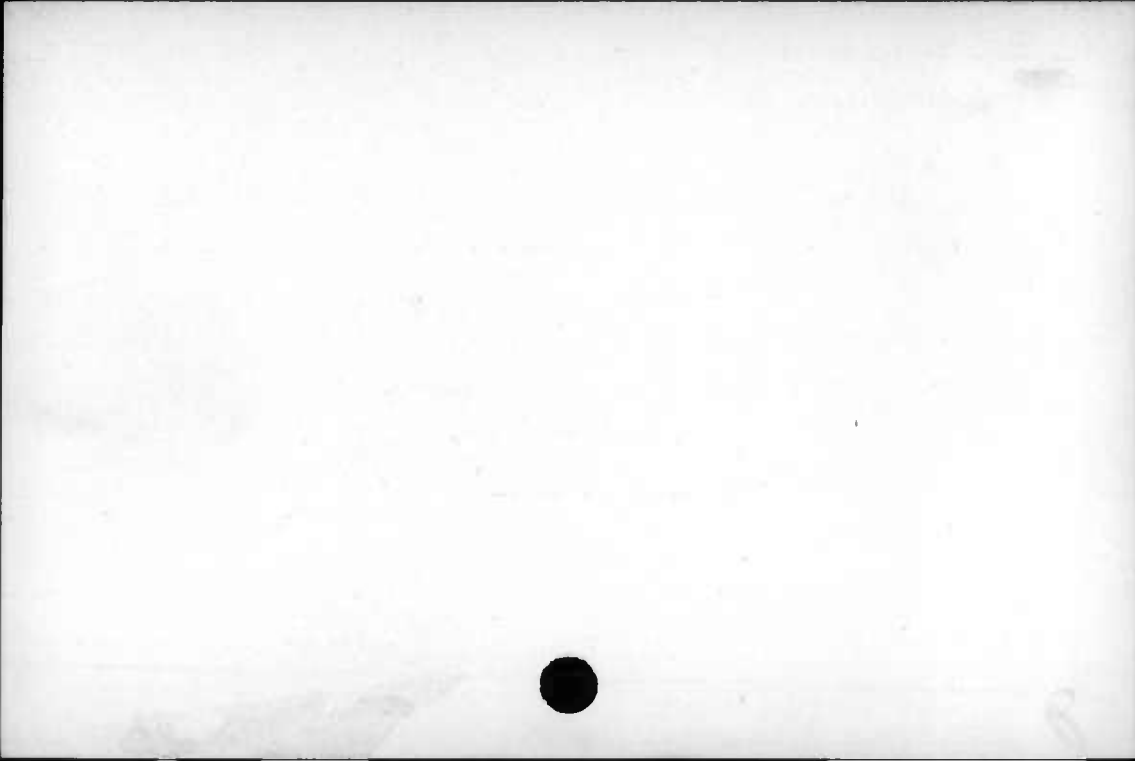
Died at <u>Seale</u> Town		<u>A A</u> County		MARYLAND	
Date of death	<u>1907</u>	Month	<u>12</u>	Day	<u>13</u>
Age		Years		Months	Days
<u>6</u>		<u>—</u>		<u>1</u>	<u>5</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>None</u>		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<u>Single</u>		<u>—</u>			
Father's Name	<u>J. F. Erickson Seale</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Terrie Orem</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>J F E Seale</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<u>Smothered in bed</u>	How long	<u>—</u>
Immediate	<u>Asphyxia</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Geo. T. Dent</u>	
Investigated		Address	
<u>Accident</u>		<u>Churchton</u>	



Name
in
Full

Richard Dorsey

CERTIFICATE OF DEATH

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NEAREST FRIEND

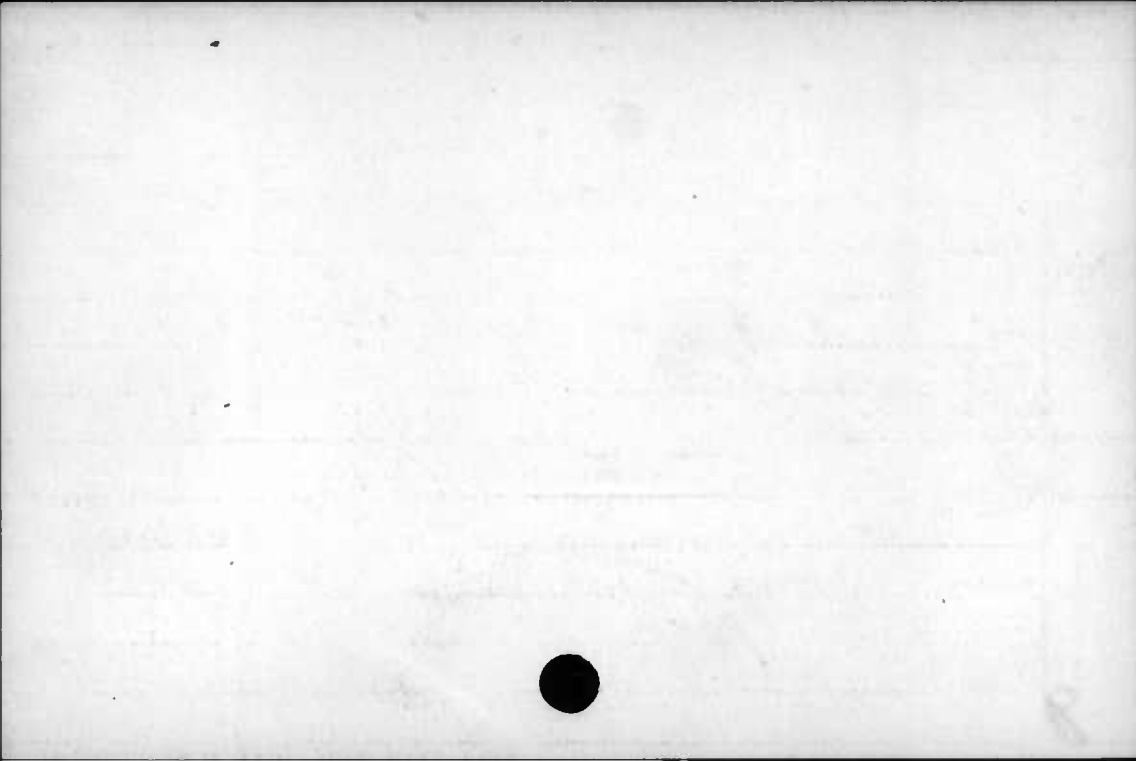
Died at		Town Hockley, near Parole		County Anne Arundel		MARYLAND	
Date of death		Month 1907 Dec	Day 1	Years 64	Months 1	Days 22	
Sex Male		Color or Race White		Birth- place A. A. Co., Md			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Essex Dorsey		Father's Birthplace Md					
Mother's Maiden Name Annie E. Sellman		Mother's Birthplace Md					
Name of person giving Information Annie E. Dorsey		How related to deceased Sister					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart	How long	6 months
Immediate	Cardiac Asthenia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Wm. S. Welch	
Address		Annapolis	
Accident or Suicide?		—	



Name
in
Full

Carrie Edwards

CERTIFICATE OF DEATH

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NEAREST FRIEND

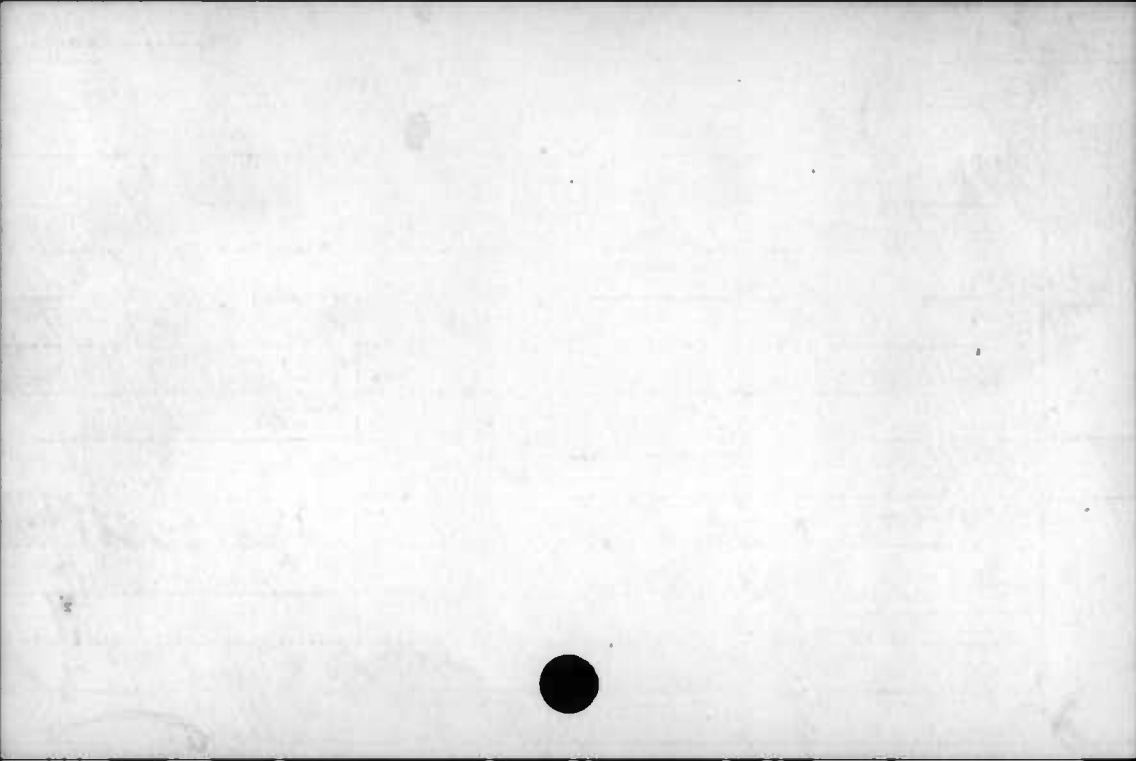
Died at <i>Annapolis</i> ^{Town}		<i>A - A -</i> ^{County}		MARYLAND	
Date of death <i>1907 Dec -</i> ^{Month}		<i>7</i> ^{Day}	Age <i>—</i> ^{Years}	<i>4</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>Colord</i>		Birth-place <i>Annapolis</i>	
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>60 Celon Lane</i>			
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Benjamin Edwards</i>		Father's Birthplace <i>Norfolk, Va</i>			
Mother's Maiden Name <i>Rebecca Stevens</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Rebecca S. Grostia</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

1179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since Birth</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Colon Gardner

CERTIFICATE OF DEATH

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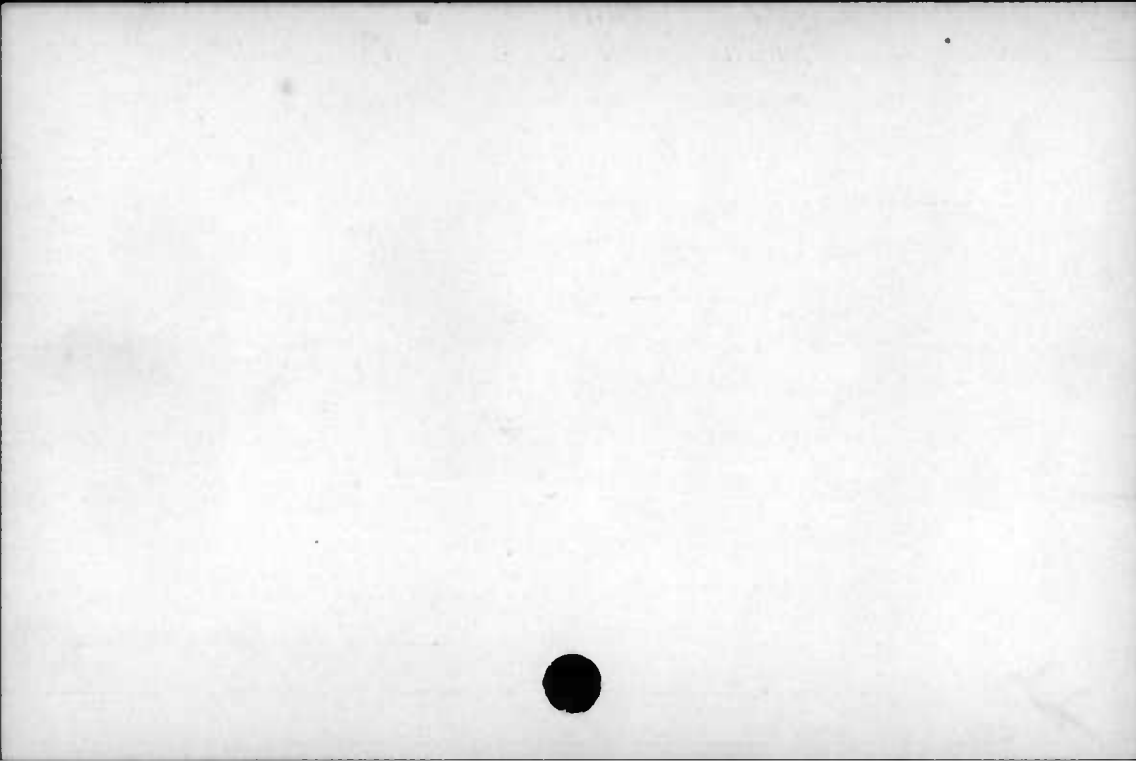
Died at <u>Severn</u> Town			County <u>Anne Arundel</u>			MARYLAND	
Date of death 1907		Month <u>12</u>	Day <u>14</u>	Age <u>49</u> Years	Months <u>4</u>	Days <u>—</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>			
Occupation <u>Farmer</u>				Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Gardner</u>					
Father's Name <u>George Gardner</u>		Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Elizabeth Gardner</u>		Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Edward Gardner</u>		How related to deceased <u>Son</u>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Interstitial Nephritis</u>	How long	<u>nine years</u>
Immediate	<u>Uræmic Coma</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R. A. Hammond</u>	
		Address <u>Md.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

William General

CERTIFICATE OF DEATH

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NEAREST FRIEND

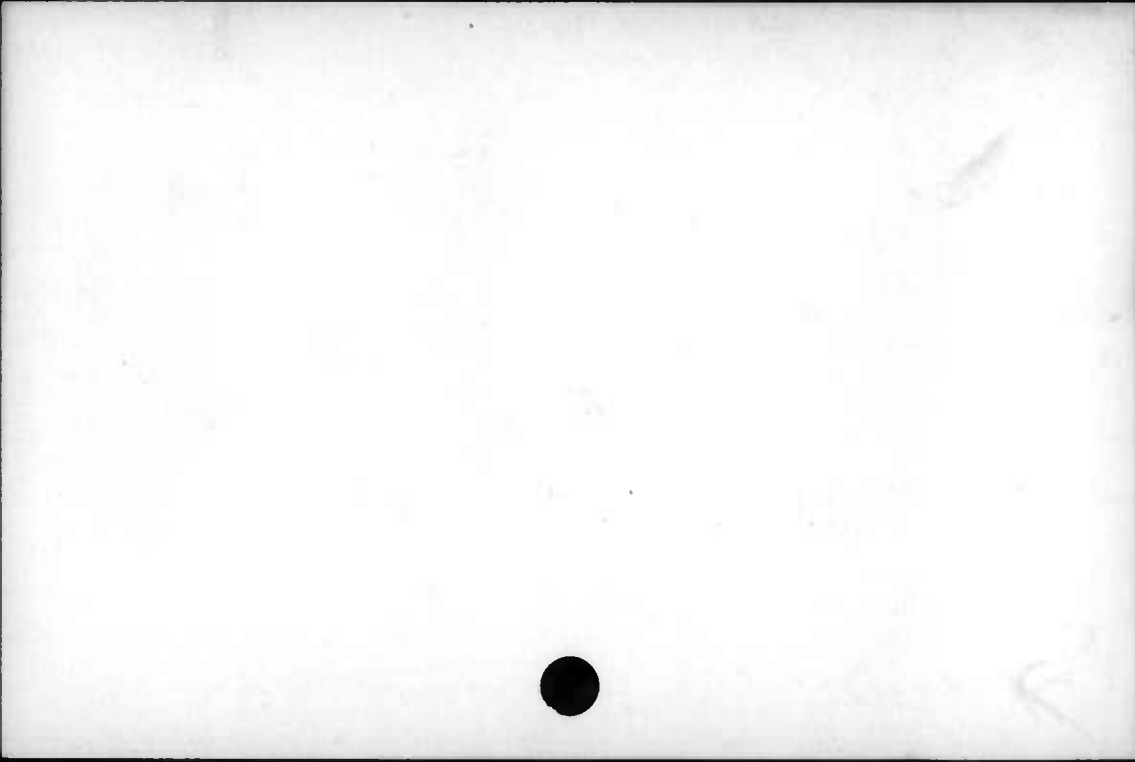
Died at <i>South River</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small>	<i>Dec</i> <small>Day</small>	<i>13</i> <small>Years</small>	<i>73</i> <small>Months</small>	<i>0</i> <small>Days</small>	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birthplace <i>Maryland</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emily Wooden</i>				
Father's Name <i>William General</i>	Father's Birthplace <i>Anne Arundel Co</i>				
Mother's Maiden Name <i>Grace Wooden</i>	Mother's Birthplace <i>Anne Arundel Co</i>				
Name of person giving information <i>Nicholas Bremer</i>	How related to deceased <i>No relation</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>1 year</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Calhoun</i>
	Address <i>South River</i>
Accident or Suicide?	<i>Ad</i>



Name
in
Full

Robert Green

CERTIFICATE OF DEATH

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NEAREST FRIEND

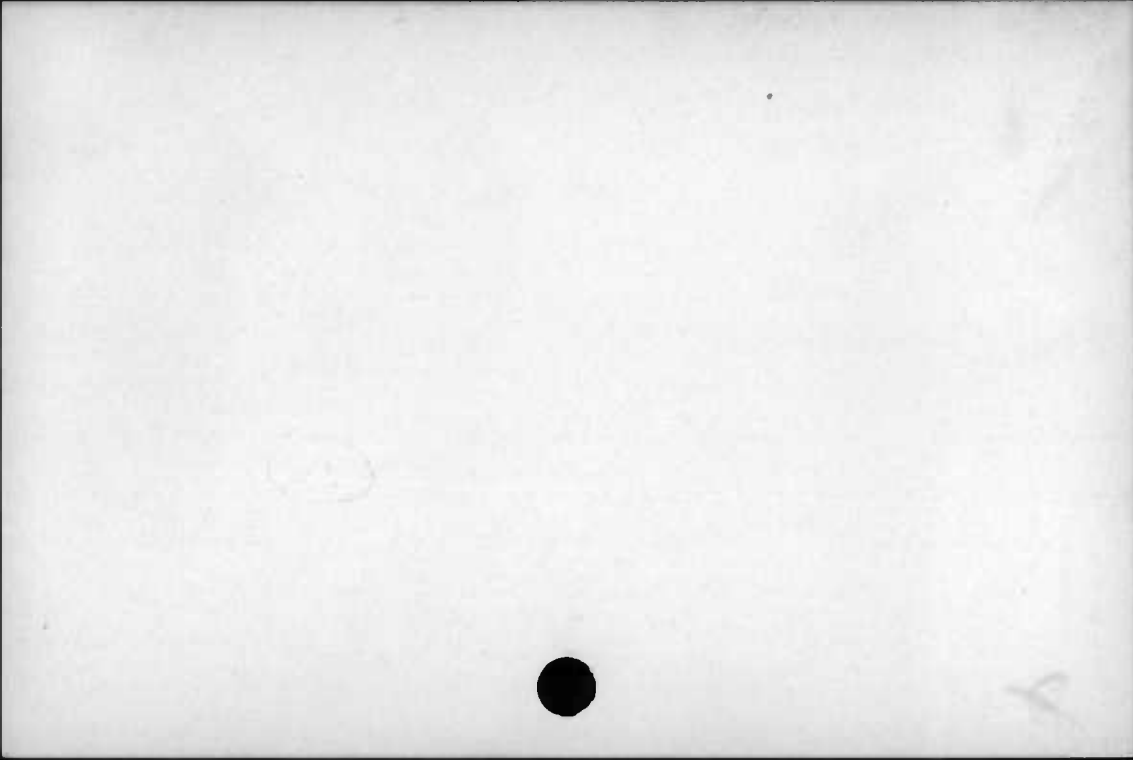
Died at		Town Maynard's P.O.		County Anne Arundel		MARYLAND	
Date of death	1907	Month Dec.	Day 27	Age	Years	Months 4	Days 14
Sex	Male		Color or Race	Colored		Birth- place	A.A. Co
Occupation	—			Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Robert Green				Father's Birthplace	A.A. Co	
Mother's Maiden Name	Annie Hall				Mother's Birthplace	A.A. Co.	
Name of person giving information	Robert Green				How related to deceased	Father	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Broncho - pneumonia	How long	Four days
Immediate	Respiratory failure	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		James S. Bellinger M.D.	
Address		Armiger.	
Accident or Suicide?		No	
		Md.	



Name
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Full

CERTIFICATE OF DEATH

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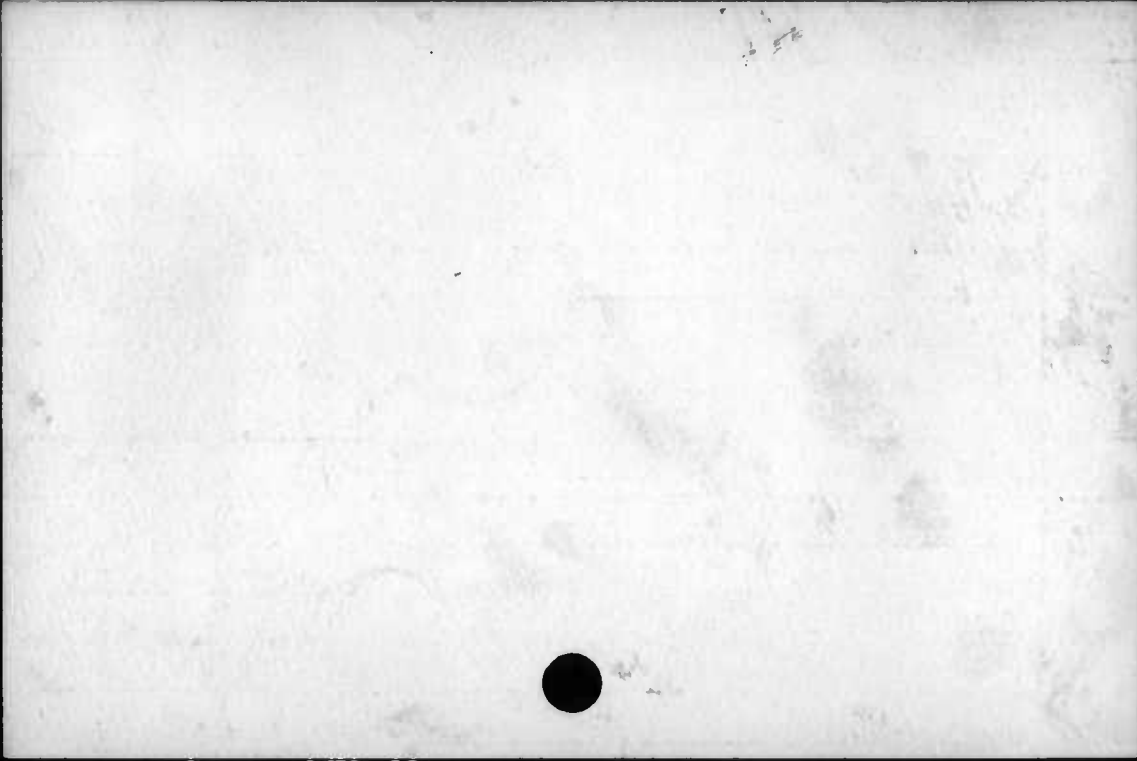
Died at <i>Annapolis md</i>		Town <i>Hebron</i>		County <i>A. A. Co.</i>		MARYLAND	
Date of death	1907	Month	Dec	Day	12	Age	14 yrs
Sex	Male		Color or Race	Colored		Birth-place	<i>Annapolis md</i>
Occupation				Where Residing if not at place of death <i>Pleasant st</i>			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	<i>Samuel Helron</i>					Father's Birthplace	<i>Annapolis md</i>
Mother's Maiden Name	<i>Mary Helron</i>					Mother's Birthplace	<i>Annapolis md</i>
Name of person giving information	<i>Samuel Helron</i>					How related to deceased	<i>father</i>

CAUSES OF DEATH

127

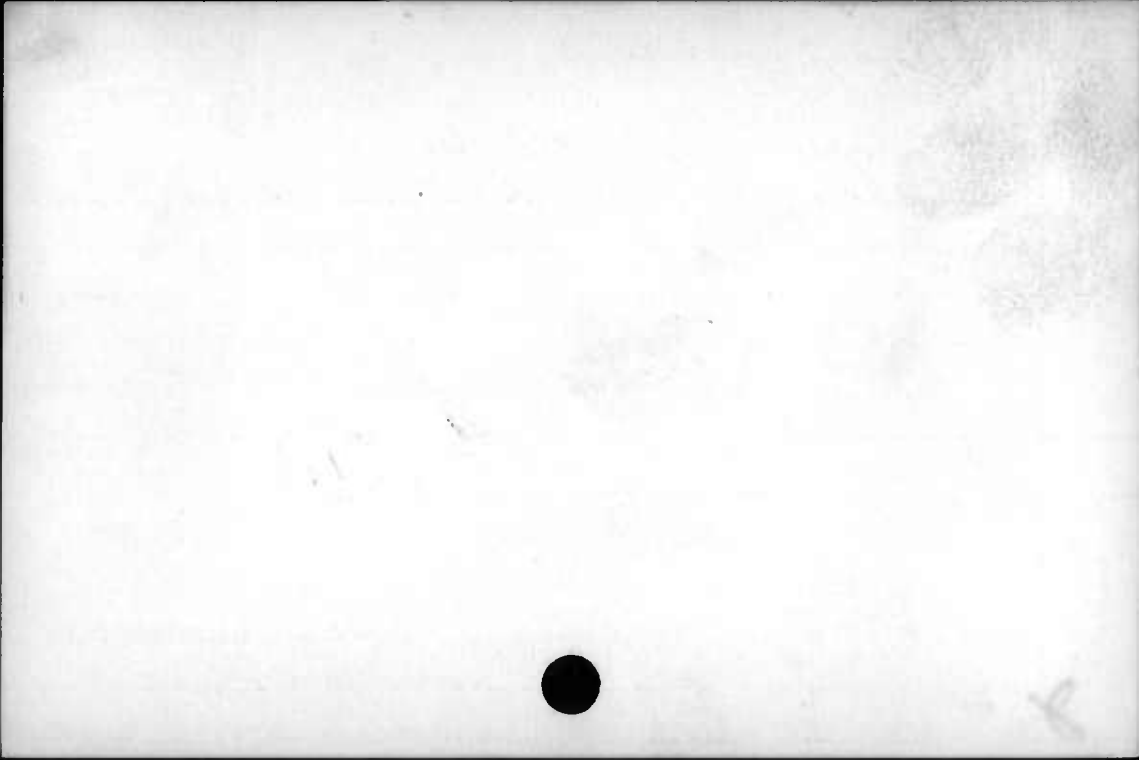
PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



CERTIFICATE OF DEATH

CAUSES OF DEATH



Name
in
Full

Edward Hoban

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

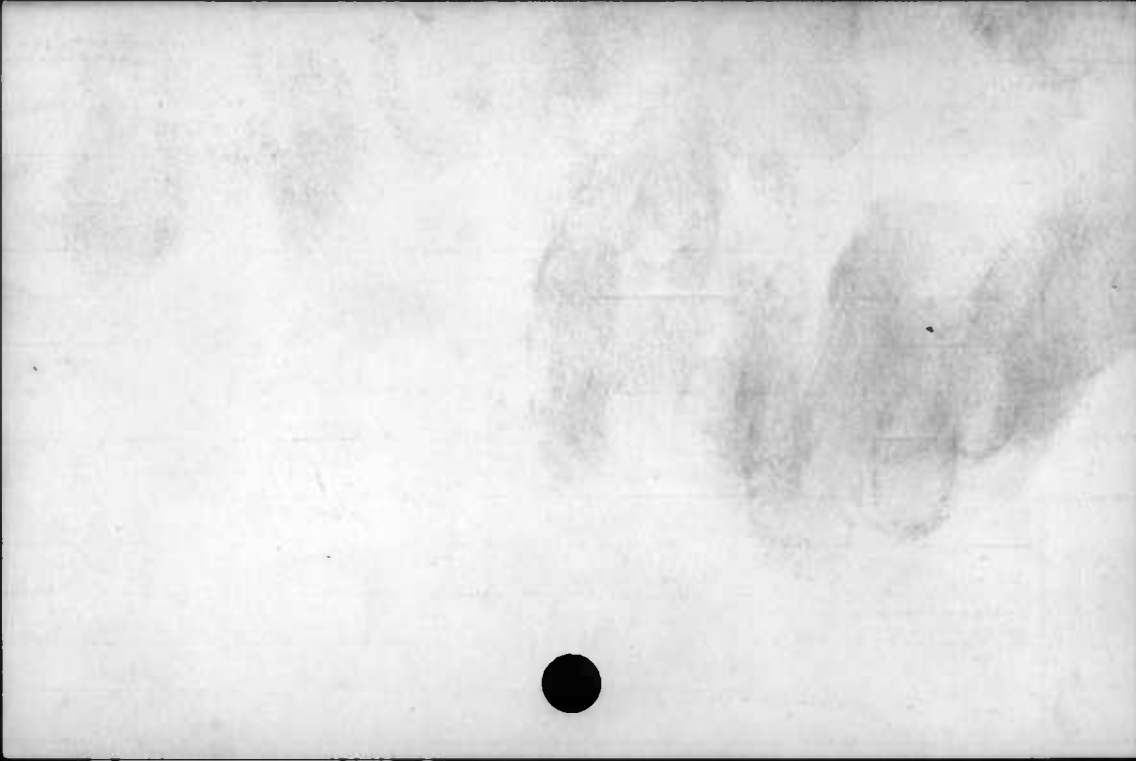
Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>December</i> ^{Day} <i>9th</i>		Age <i>34</i> ^{Years}		<i>4</i> ^{Months}	<i>9</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Annapolis</i>			
Occupation <i>Machinist</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Patrick G. Hoban</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Catherine Connors</i>	How related to deceased <i>Sister</i>				
Name of person giving information <i>Julia Hoban</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>Months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John P. Purvis</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

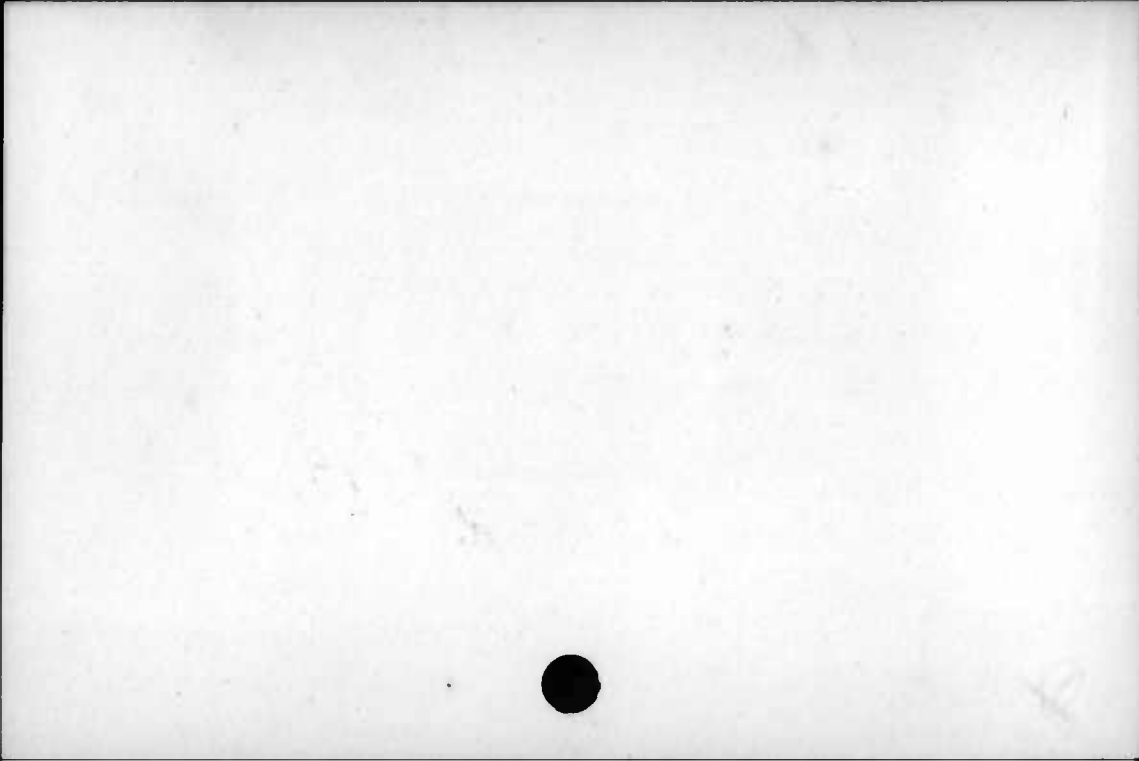
Jane Jenkins
Town *Magoth River* County *Anne Arundel Co. MARYLAND*
Died at *3rd dist.*
Date of death *1907* Month *Dec.* Day *5* Years *68* Months *X* Days *7*
Sex *Female* Color or Race *White* Birth-place *A. A. Co.*
Occupation *House wife* Where Residing if not at place of death *—*
Married, Single or Widowed *Widow* Name of Wife or Husband *Fred Jenkins*
Father's Name *Johnson* Father's Birthplace *A. A. Co.*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving information *Edward Dougherty* How related to deceased *Friend*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Mitral Insufficiency* How long *3 years*
Immediate *Intestinal Obstruction* How long *10 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James S. Billingsha M.D.*
Address *Armiger*
Accident or Suicide? *No* *MA*



Name
in
Full

Frank Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South River</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1907	Month	Dec.	Day	23
Age		52		Months	
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>Don't know</i>
Immediate	<i>Dropsey</i>	How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>John Collins</i>	
Accident or Suicide?		Address	
		<i>South River Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Annapolis

Town

Anne Arundel

County

MARYLAND

Date

of death 1907 Dec.

Month

Day

19

Age

Years

47

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Calvert Co Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Robert T Jones

Father's
Name

Robt. H. Ward

Father's
Birthplace

Calvert Co Md

Mother's
Maiden Name

Margaret A Tucker

Mother's
Birthplace

" " "

Name of person giving
information

Robt. T Jones

How related
to deceased

Husband

CAUSES OF DEATH

93

Primary

Acute Lobar Pneumonia & Art Rheumatism

How long

8 days

Immediate

Cardiac Asthenia

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

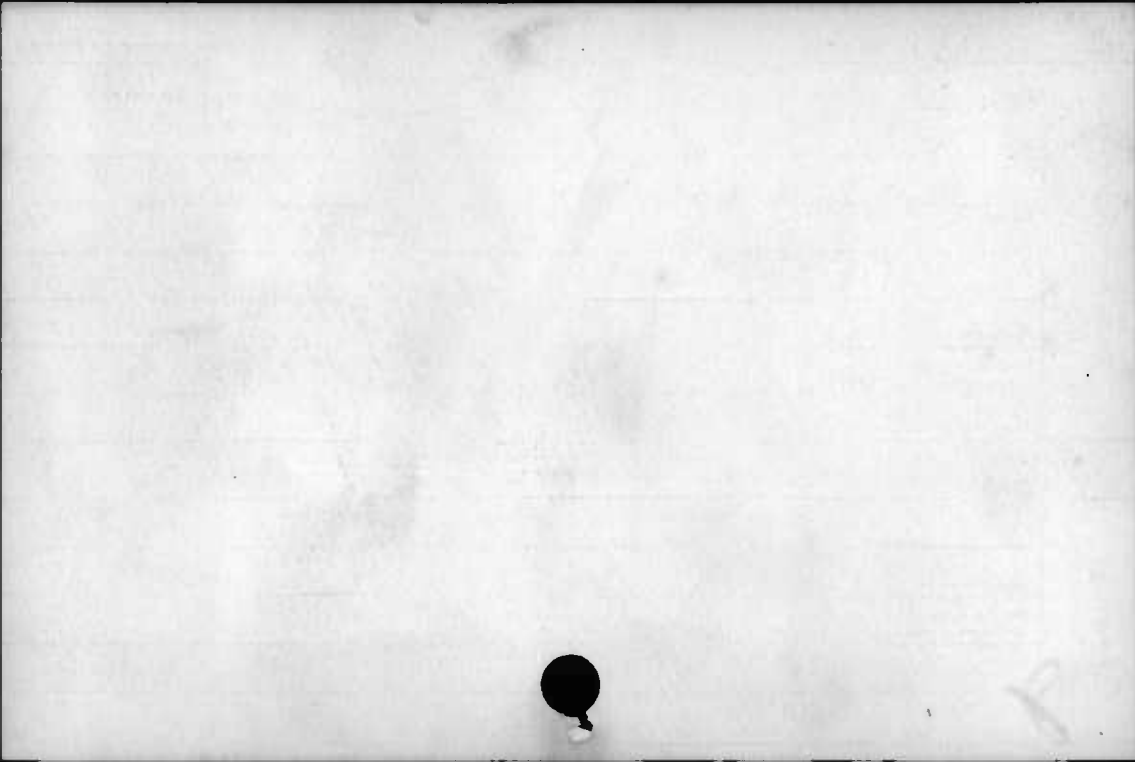
Louis B. Deakel

Address

Annapolis,
Md.

Accident or Suicide?

Neither



Name
in
Full

Peter Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

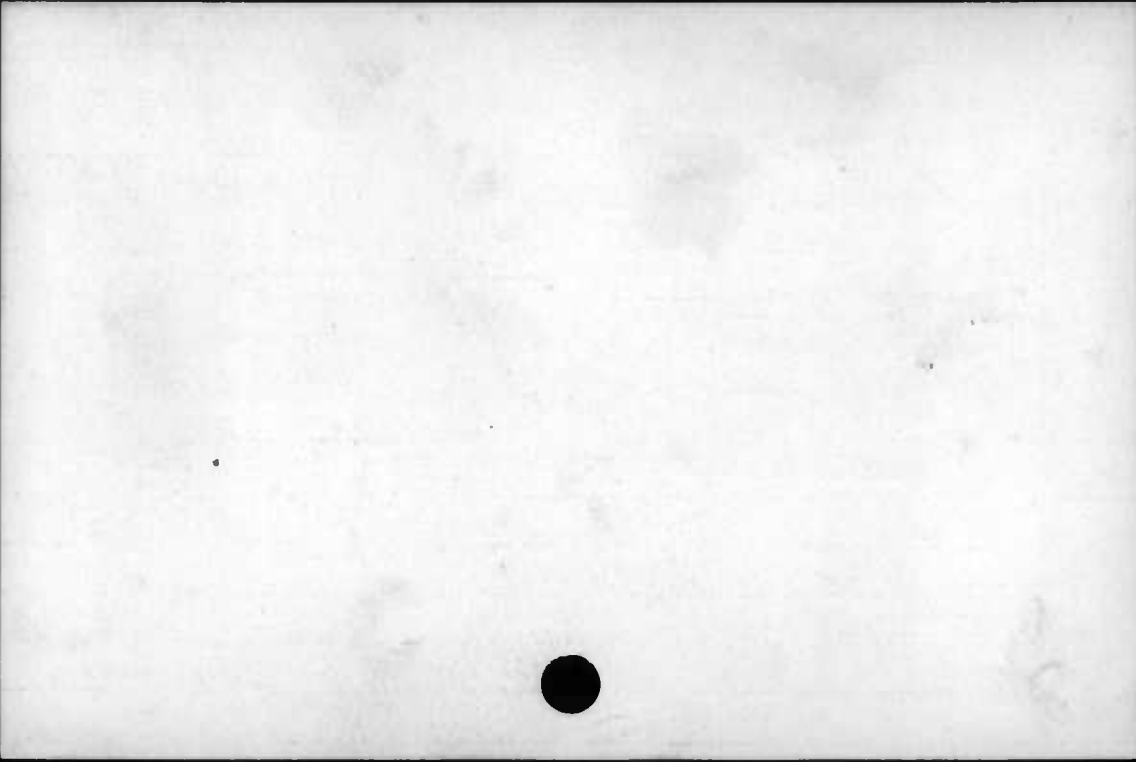
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec	9 th	50 yrs			
Sex		Color or Race		Birth-place			
Male		Colored		A Abs			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Lydia Jones Deceased					
Father's Name		Father's Birthplace					
Wm Jones		A Abs					
Mother's Maiden Name		Mother's Birthplace					
Fannie Jones		A Abs					
Name of person giving information		How related to deceased					
Isaac Jones		Son					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Influenza	How long	Since weeks
Immediate	Typhoid Pneumonia	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout	
		Address	
		Annapolis	
		Md	
Accident or Suicide?			



Name
In
Full

Robert E. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

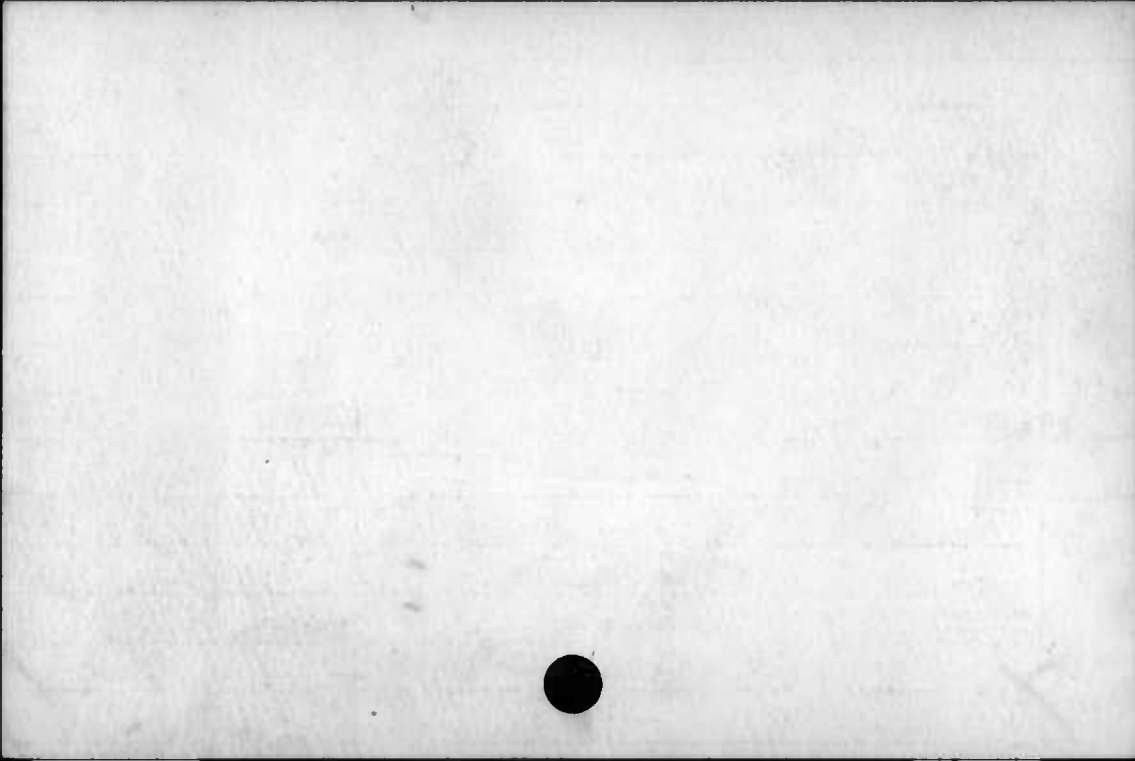
Died at		Town		County		State	
Annapolis		Annapolis		Anne Arundel		Maryland	
Date of death		Month	Day	Age	Years	Months	Days
190		Dec	6	42			
Sex		Color or Race		Birthplace			
Male		Colored		West Point, Md			
Occupation				Where Residing if not at place of death			
Laborer				Annapolis			
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name				Father's Birthplace			
David Jones				A.A. Co. Md			
Mother's Maiden Name				Mother's Birthplace			
Festus E. Jones				Calvert Co. Md			
Name of person giving information				How related to deceased			
David Jones				Father			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Labor Pneumonia	How long	two weeks
Immediate	convulsions	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. D. Tasee	
none		Address	
		600 Cathedral St Annapolis, Md	
Accident or Suicide?			



Name
in
Full

Flora

Kotzin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Annapolis*

Town

A. A. Co.

County

Date of death *1907 Dec*

Month

16

Day

Age *—*

Years

Months *7*Days *3*Sex *Female*Color or
Race*White*Birth-
place*Annapolis*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *—*Name of Wife or
Husband *—*Father's
Name*Max Kotzin*Father's
Birthplace*Russia*Mother's
Maiden Name*Fella Lewenthal*Mother's
Birthplace*Russia*Name of person giving
Information*M Kotzin*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Broncho Pneumonia

How long

3 days

Immediate

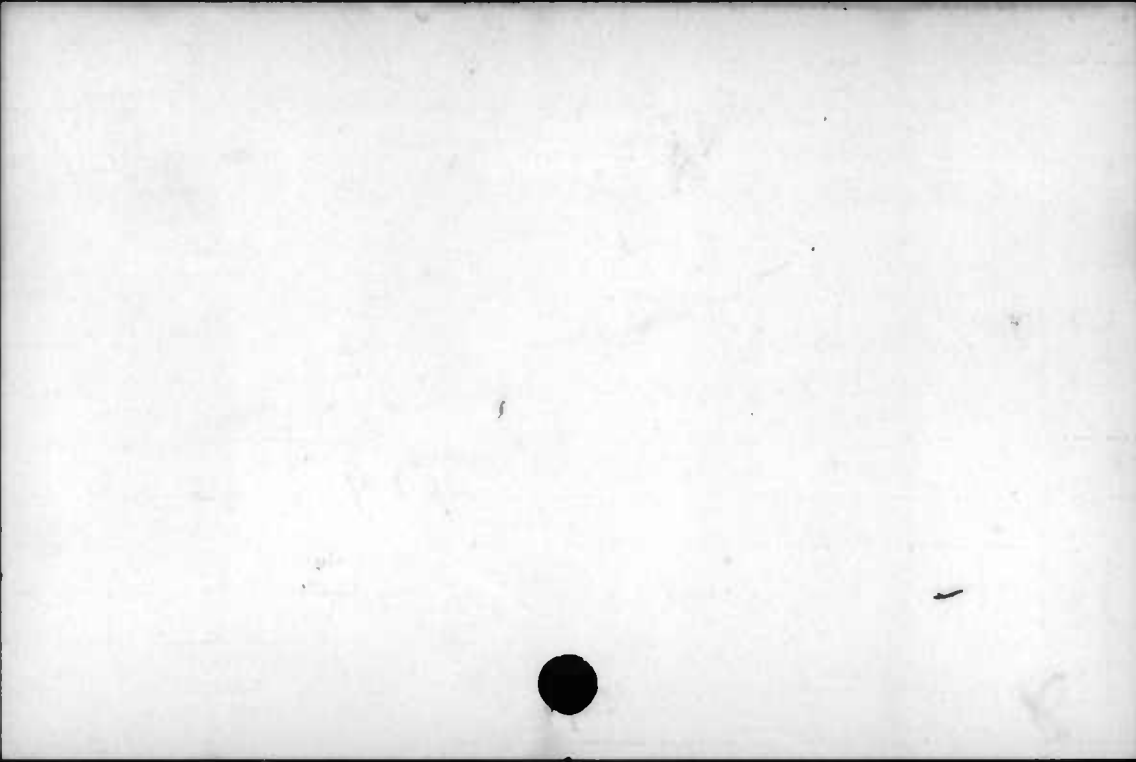
Convulsions

How long

*1 day*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Wm S. Welch*

Address

*Annapolis*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

Laine

CERTIFICATE OF DEATH

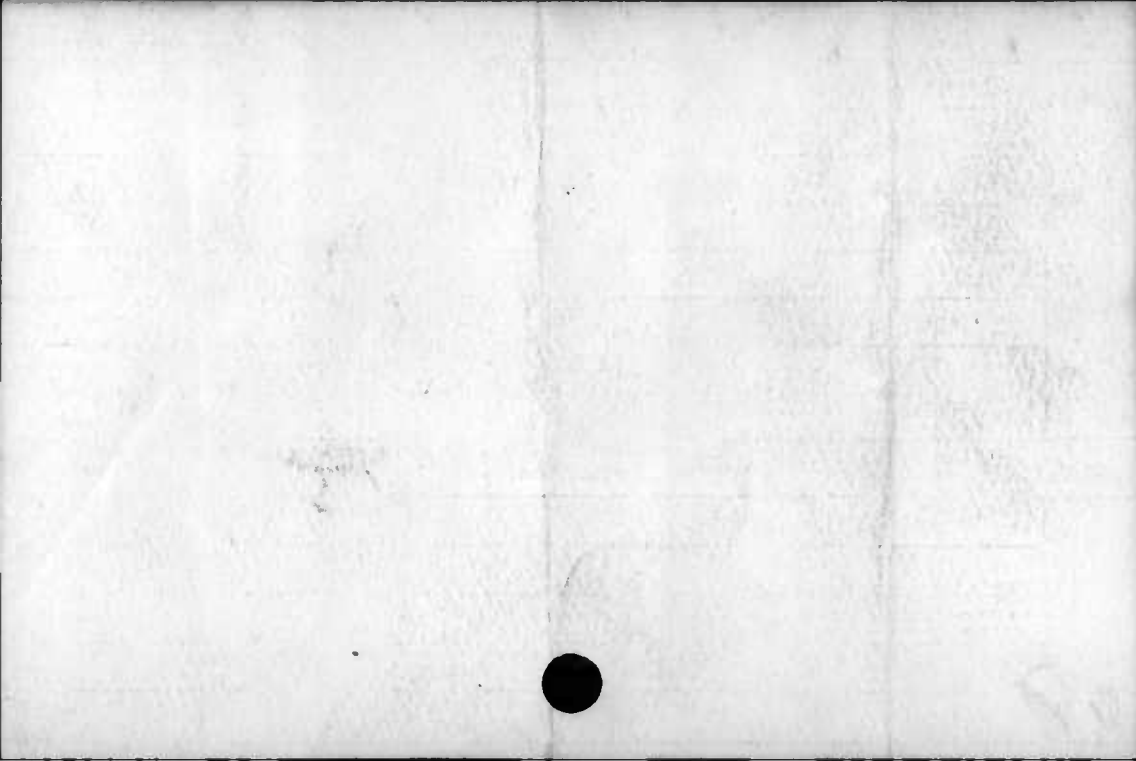
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Campsville</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1907	Month	Dec	Day	15
Age		Years		Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Campsville
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	2 Months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout	
Address		Annapolis Md	
Accident or Suicide?			



Name
in
Full

Sarah Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

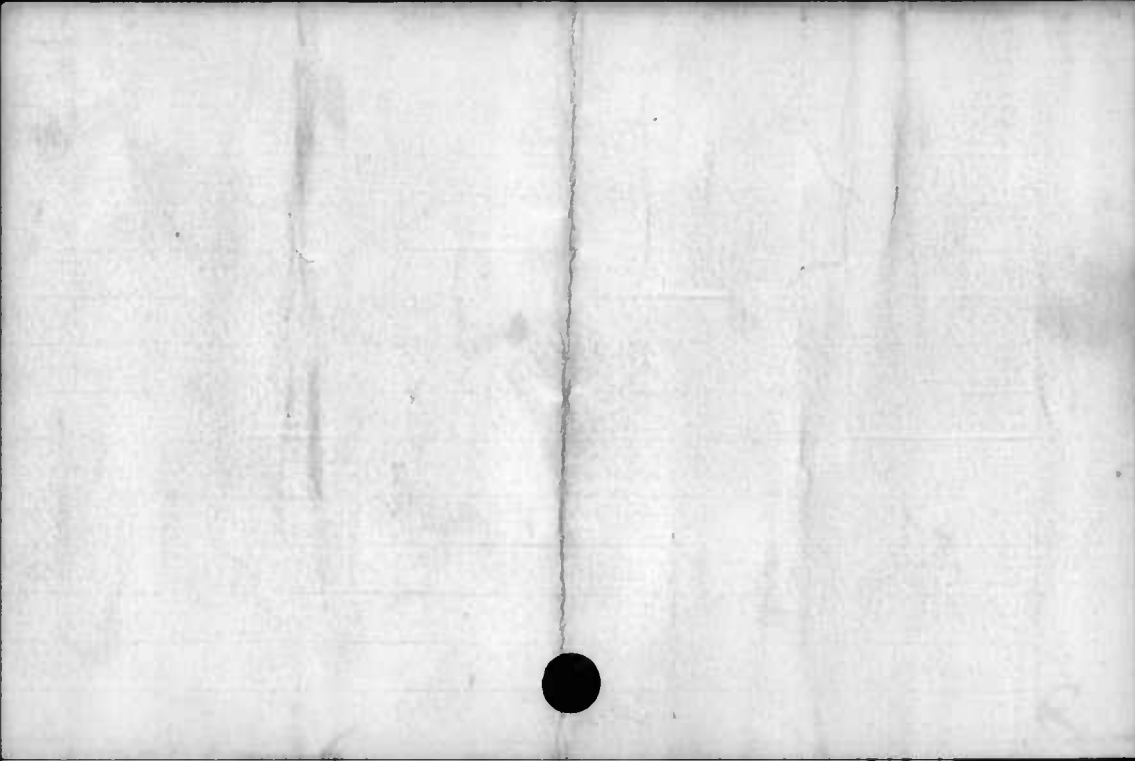
Died at <i>Annapolis</i> Town		<i>At</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>22nd</i>	Years <i>35^{yr}</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		
Occupation <i>Laundress</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James Lee</i>		Father's Birthplace <i>At 60 Ind</i>			
Mother's Maiden Name <i>Mary Johnson</i>		Mother's Birthplace <i>At 60 Ind</i>			
Name of person giving information <i>Emma Mc Bully</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastric catarrh</i>	How long <i>months</i>
Immediate <i>Asthenia</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout Md</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> <small>Town</small>		<u>ad Co</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>Dec</u> <small>Day</small> <u>29</u>		Age <u>56</u> <small>Years</small>		<u>—</u> <small>Months</small> <u>—</u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>ad Co Md</u>	
Occupation <u>House Wife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Henry Henry</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Kitty Boston</u>		Mother's Birthplace <u>ad Co Md</u>			
Name of person giving information <u>George Henry</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <u>Intestinal Obstruction</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Louis B. Dental</u>
	Address <u>Annapolis</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Lena Robertson McGinnis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

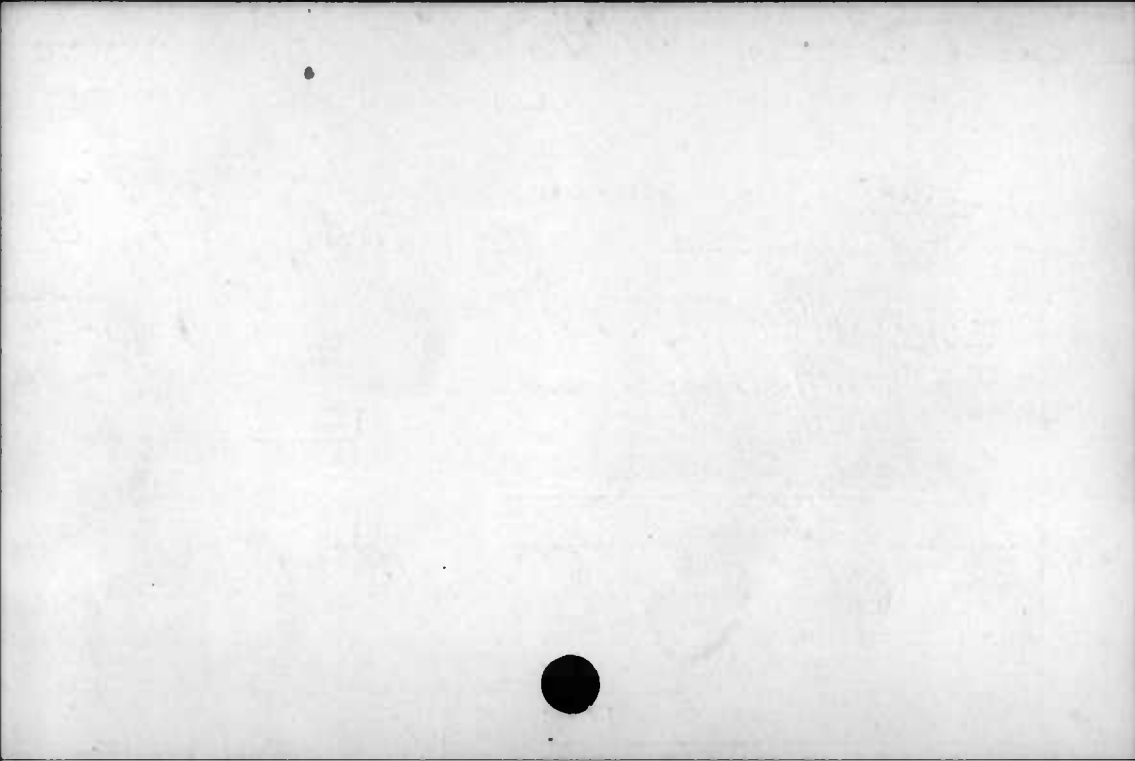
Died at <i>Annapolis</i> ^{Town}		<i>aa</i> ^{County}		MARYLAND	
Date of death <i>30</i> ^{Month}	<i>Dec</i>	<i>30</i> ^{Day}	Age <i>3</i> ^{Years}	<i>8</i> ^{Months}	<i>15</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Orange Va</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Annapolis Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>W H M Ginnis</i>		Father's Birthplace <i>New Glasgow Va</i>			
Mother's Maiden Name <i>Anna B McGinnis</i>		Mother's Birthplace <i>" Va</i>			
Name of person giving information <i>W H M Ginnis</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	<i>Cerebro Spinal Meningitis - Tubercular?</i>	How long	<i>3 weeks</i>
Immediate	<i>" " " " "</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John P. ... M.D.</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Still born - Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Sorbalto Town

County

Date

of death 1907

Month

Dec

Day

7

Age

Years

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Sorbalto, Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Harry W. McKinley

Father's
Birthplace

Md

Mother's
Maiden Name

Emma Kirby

Mother's
Birthplace

Balto, Md

Name of person giving
In formation

H. W. McKinley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still born

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

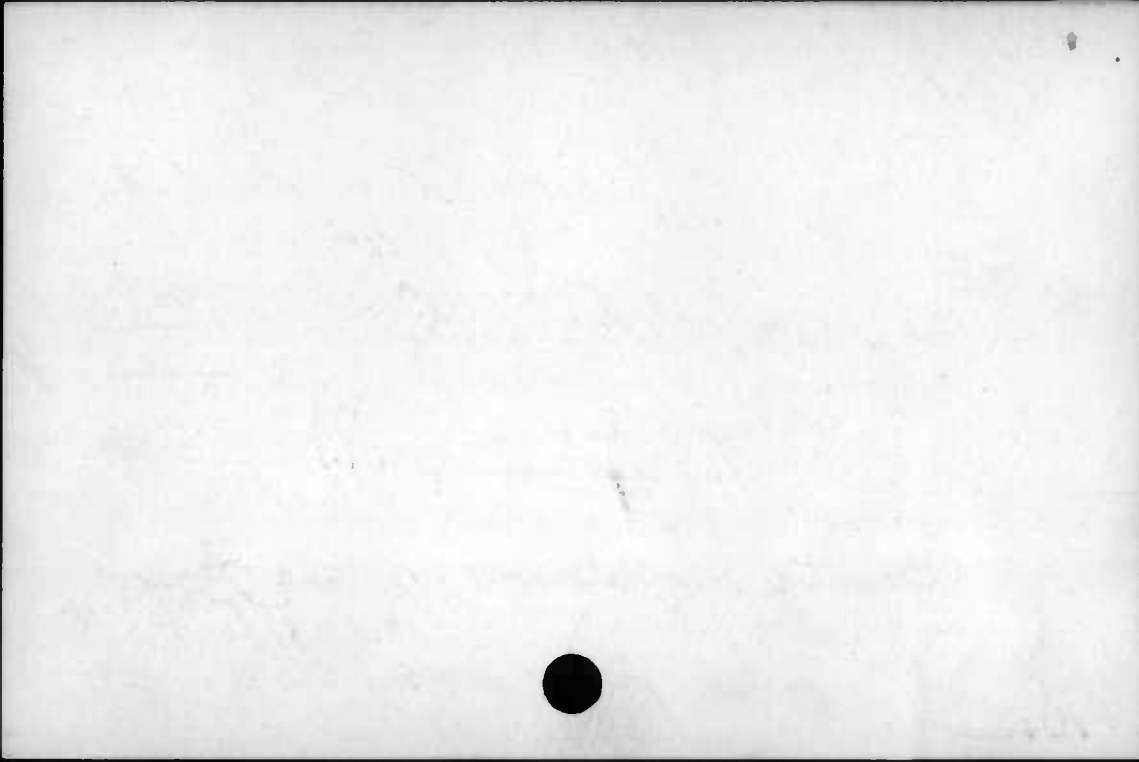
Signature of
Physician

J. B. Horton, M.D.

Address

Sorbalto, Md

Accident or Suicide?



Name
in
Full

Emily Nicholson Magnudet

CERTIFICATE OF DEATH

Died at <u>Annapolis</u> ^{Town}		<u>F.F. Co.</u> ^{County}		MARYLAND	
Date of death	1907	Month	Dec.	Day	13
Sex <u>Female</u>		Color or Race <u>white</u>		Years	Age <u>73</u>
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		Months	Days
Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or Husband <u>John Reed Magnudet</u>			
Father's Name <u>Joseph Staffer Nicholson</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Emily Nicholson</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>P.H. Magnudet</u>		How related to deceased <u>Son</u>			

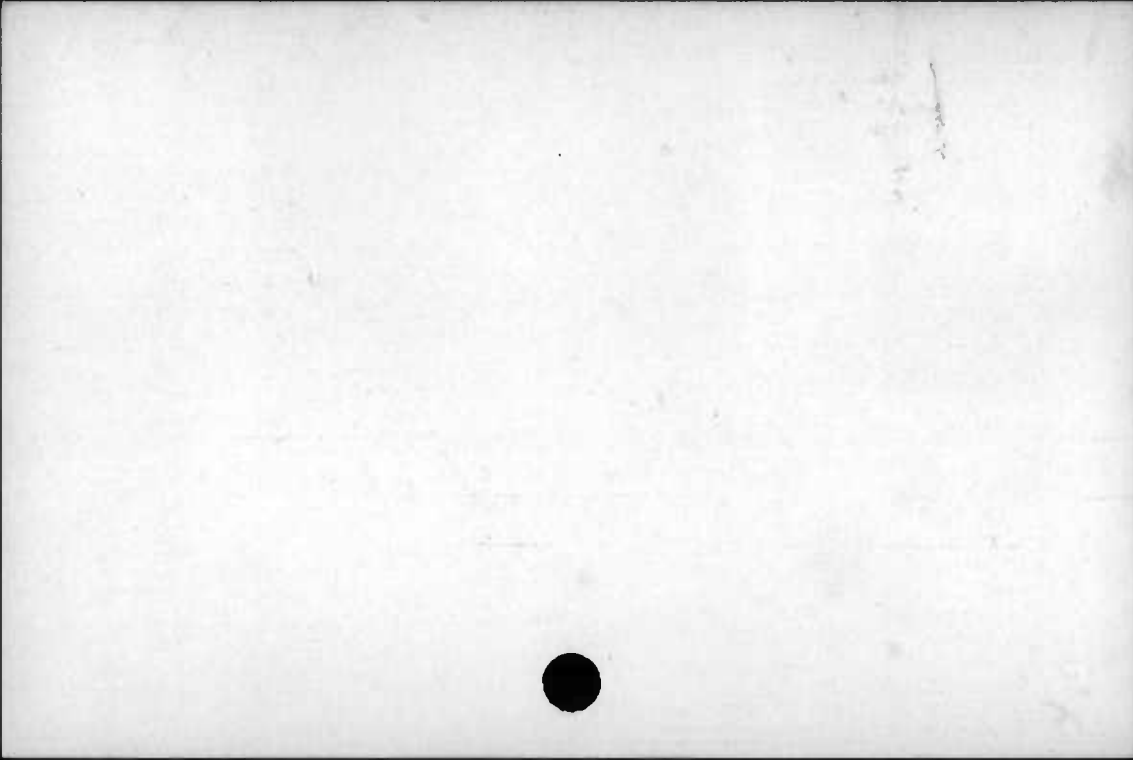
CAUSES OF DEATH

120

Primary	<u>Nephritis</u>	How long	<u>2 weeks</u>
Immediate	<u>Heart failure</u>	How long	<u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>S. S. Hepburn</u>	
		Address <u>Annapolis</u>	
Accident or Suicide? <u>—</u>		<u>md.</u>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

8



Name
in
Full

Stanislaus. Matuszewsky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

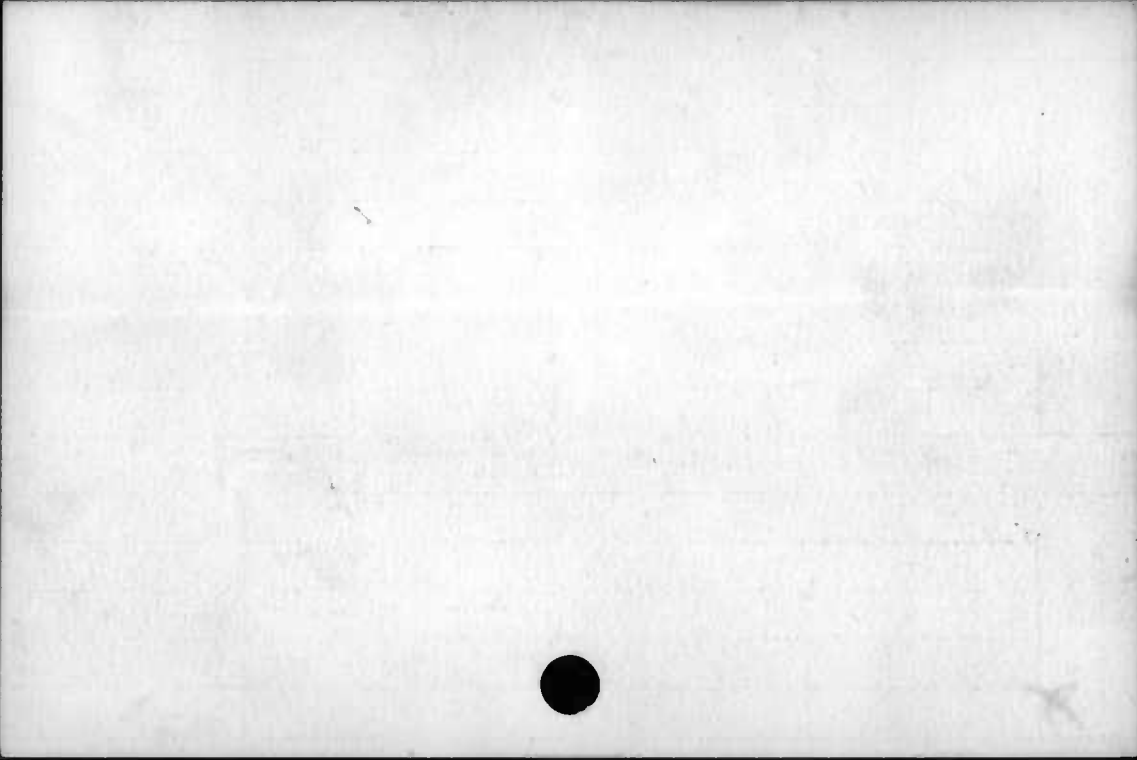
Died at <i>Curtis</i> Town <i>Bay.</i> County <i>AA</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>16</i>	Age <i>1</i> Years <i>2</i> Months <i>—</i> Days <i>—</i>
Sex <i>Male.</i>	Color or Race <i>White</i>	Birth-place <i>Curtis Bay</i>	
Occupation <i>None.</i>	Where Residing if not at place of death <i>Curtis Bay</i>		
Single <i>Infant</i>	Name of Wife or Husband <i>Infant.</i>		
Father's Name <i>Michel Matuszewski</i>	Father's Birthplace <i>Poland</i>		
Mother's Maiden Name <i>Victoria Sacrepaniak</i>	Mother's Birthplace <i>Poland</i>		
Name of person giving information <i>Michel. Matuszewski</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary <i>Acute Infectious Intestinal Digestion</i>	How long <i>1 day</i>
Immediate <i>Stomach poisoning</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William D. Pratt</i>
	Address <i>Curtis Bay Cal</i>
Accident or Suicide? <i>—</i>	



George Myers

CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at		Magothy River, 3 rd dist.		County		Anne Arundel		MARYLAND	
Date	Month	Day	Years	Months		Days			
of death	1907	Dec	25	Age		About 37 years.			
Sex	Male		Color or Race	Colored		Birth-place	Virginia		
Occupation	Farm hand		Where Residing if not at place of death						
Married, Single or Widowed	Married		Name of Wife or Husband	Unknown.					
Father's Name	Unknown					Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown		
Name of person giving information	Charles Walker					How related to deceased	Friend		

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary	Acute Alcoholism	How long	Annex 16
		How long	

Are the name, age, sex, color, date
and place correctly given above?

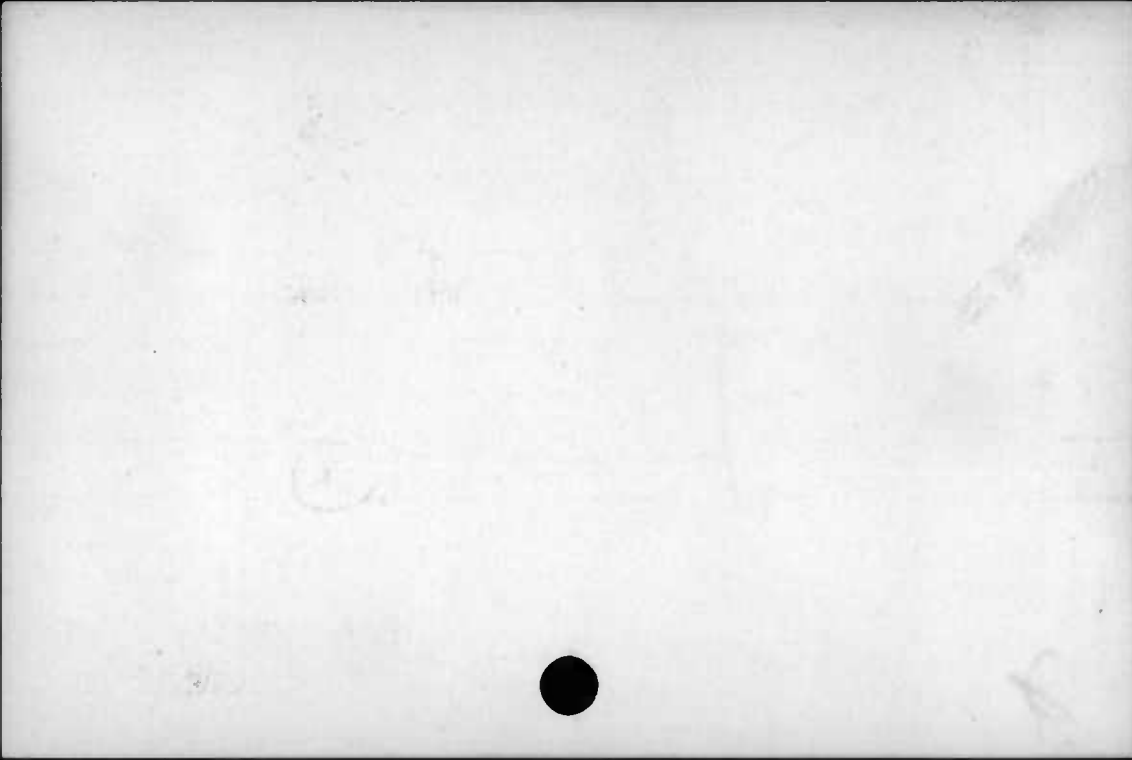
Yes

Signature of Physician _____

ure of
ian cornus. Melville S. Dunlop
Fraser of the Prairies, a Cornus
Armenia P.O. & C. mds

Accident or Suicide?

No



Name
in
Full

Frances Peters

(General.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>A. A.</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Dec</u> ^{Day} <u>24</u>		Age <u>4</u> ^{Years}		<u>—</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Annapolis</u>	
Occupation <u>Unknown</u>		Where Residing if not at place of death <u>63. Clay St.</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>unknown.</u>			
Father's Name <u>John Peters</u>		Father's Birthplace <u>South River Md</u>			
Mother's Maiden Name <u>Harriet Peters</u>		Mother's Birthplace <u>South River Md</u>			
Name of person giving information <u>John Peters</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

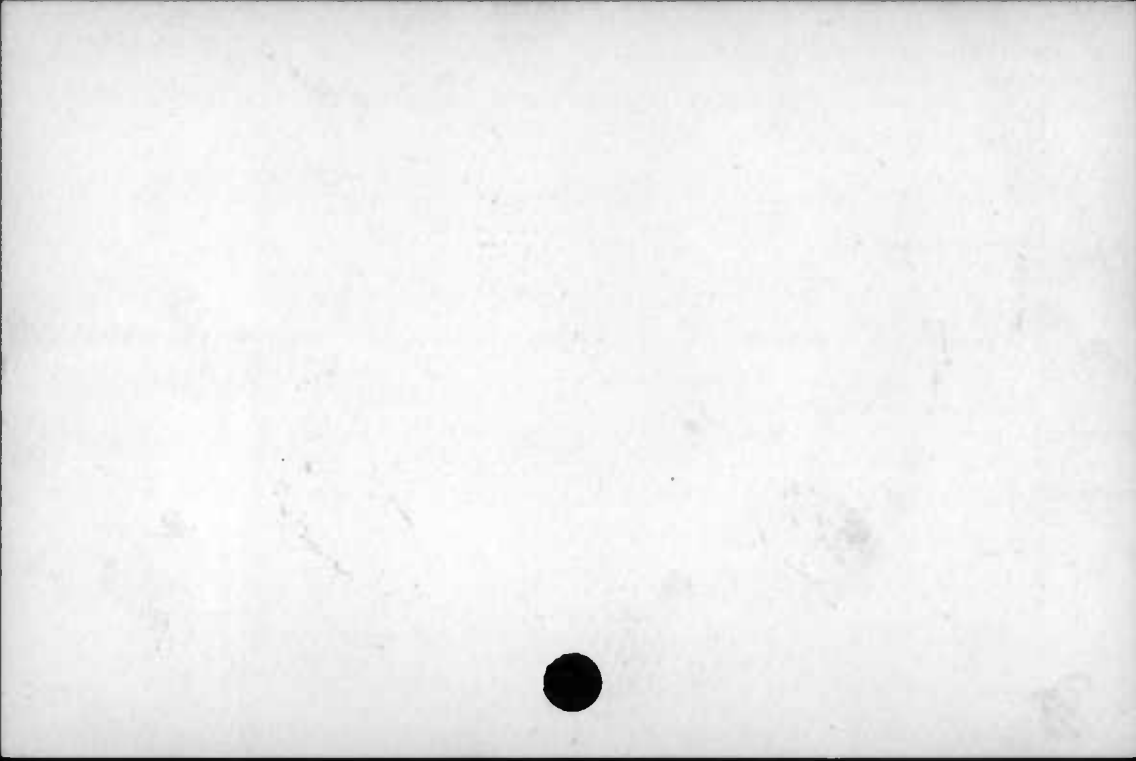
106

PHYSICIAN
OR CORONER

Primary	<u>Gastro-Enteritis</u>	How long	<u>Several weeks</u>
Immediate	<u>Asthenia</u>	How long	<u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>John Ridout</u>	
		<u>Annapolis Md</u>	
Accident or Suicide?			

Howlers Chapel
Cemetery

Name in Full		Viola Phillips				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County Anne Arundel		MARYLAND	
	Date of death	1907	Month Dec	Day 10 th	Age 7	Years 20	Months 5
	Sex	female		Color or Race Colored		Birth place Annapolis Md.	
	Occupation	School girl		Where Residing if not at place of death Annapolis Md.			
	Married, Single or Widowed	Single		Name of Wife or Husband Not any			
	Father's Name	Bennie Phillips				Father's Birthplace Anne Arundel Co. Md.	
	Mother's Maiden Name	Cordelia Phillips				Mother's Birthplace Annapolis Md.	
	Name of person giving information	Bennie Phillips				How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diphtheria			How long	5 days	
	Immediate	Hemorrhage				3 hours	
	Are the name, age, sex, color, date and place correctly given above?			yes		Signature of Physician H. P. Allen	
						Address 60 Cathedral St. Annapolis Md.	
	Accident or Suicide?						



Name
in
Full

Anny Pratt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

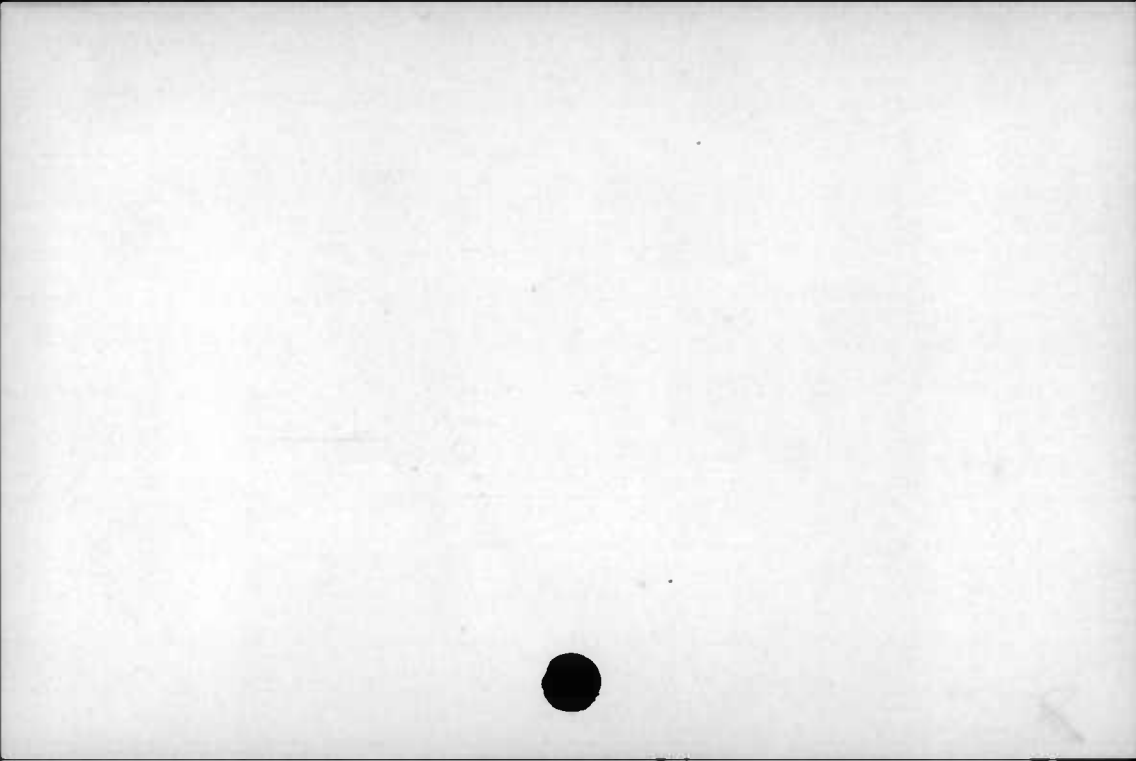
Died at <i>South River</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>30</i>	Years <i>65</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Eddie Pratt</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Anny Johnson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Frank Nailor</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart trouble</i>	How long <i>2 years</i>
Immediate <i>Apoplexy</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Callison</i>
<i>yes</i>	Address <i>South River</i>
Accident or Suicide?	<i>MD</i>



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Pryor

Town *Annapolis* County *A.A. Co*

Died at *Annapolis*

Date of death *1907 Dec 17* Age *72* Months *11* Days *20*

Sex *Male* Color or Race *Caucasian* Birthplace *Annapolis*

Occupation *Unknown* Where Residing if not at place of death *72 C. Bay St*

Married, Single or Widowed *Single* Name of Wife or Husband *Unknown*

Father's Name *Richard Pryor* Father's Birthplace *Richman Va*

Mother's Maiden Name *Dellia Borice* Mother's Birthplace *Annapolis Md*

Name of person giving information *Dellia Borice Pryor* How related to deceased *Mother*

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

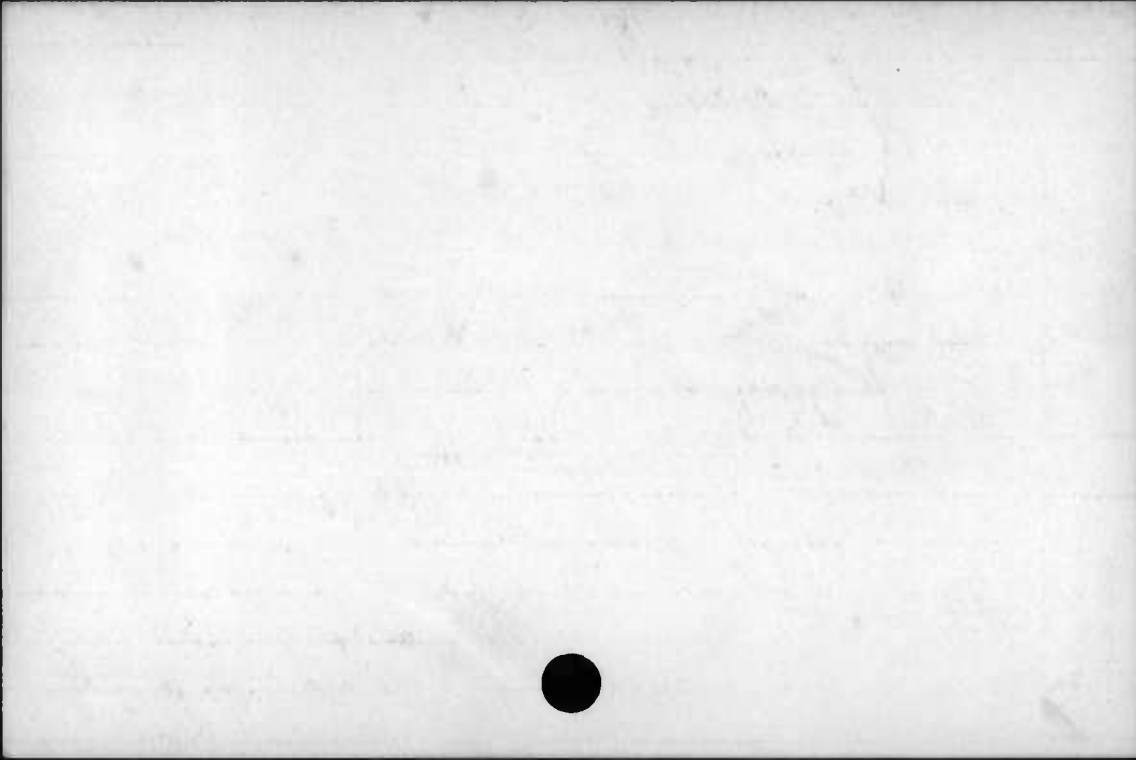
Primary *Marasmus* How long *Months*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above?
Yes

Signature of Physician *John Ridont* Address *Annapolis Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

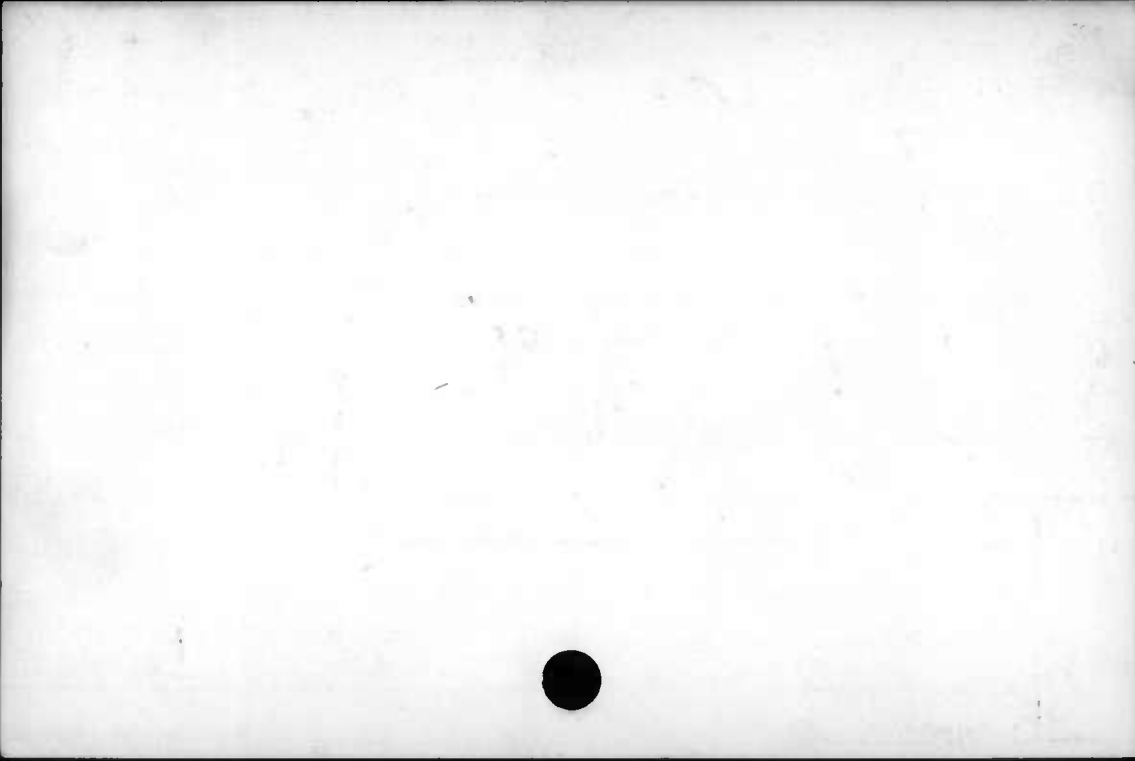
Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
Sex	Color or Race	Birthplace					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Stephen Queen Jr				Father's Birthplace	Act Co Md	
Mother's Maiden Name	Annie Parker				Mother's Birthplace	Ht bonds	
Name of person giving information	Stephen Queen Jr				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still-born	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?			

John Ridout M.D.
Annapolis
Md



Name
in
Full

Mary Josephine Ramsay.

CERTIFICATE OF DEATH

Died at *West Annapolis.*

Town

County

A. H.

MARYLAND

Date
of death *1907*

Month

Dec

Day

15

Age

Years

64

Months

11

Days

*14*Sex
Occupation*Female*Color or
Race*White*Birth-
place*Md.*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Albert R. Ramsay.*Father's
Name*Not Known*Father's
Birthplace*France*Mother's
Maiden Name*Not Known*Mother's
Birthplace*France*Name of person giving
Information*David Ramsay.*How related
to deceased*Son*

CAUSES OF DEATH

104

Primary

Acute Gastritis

How long

one week.

Immediate

How long

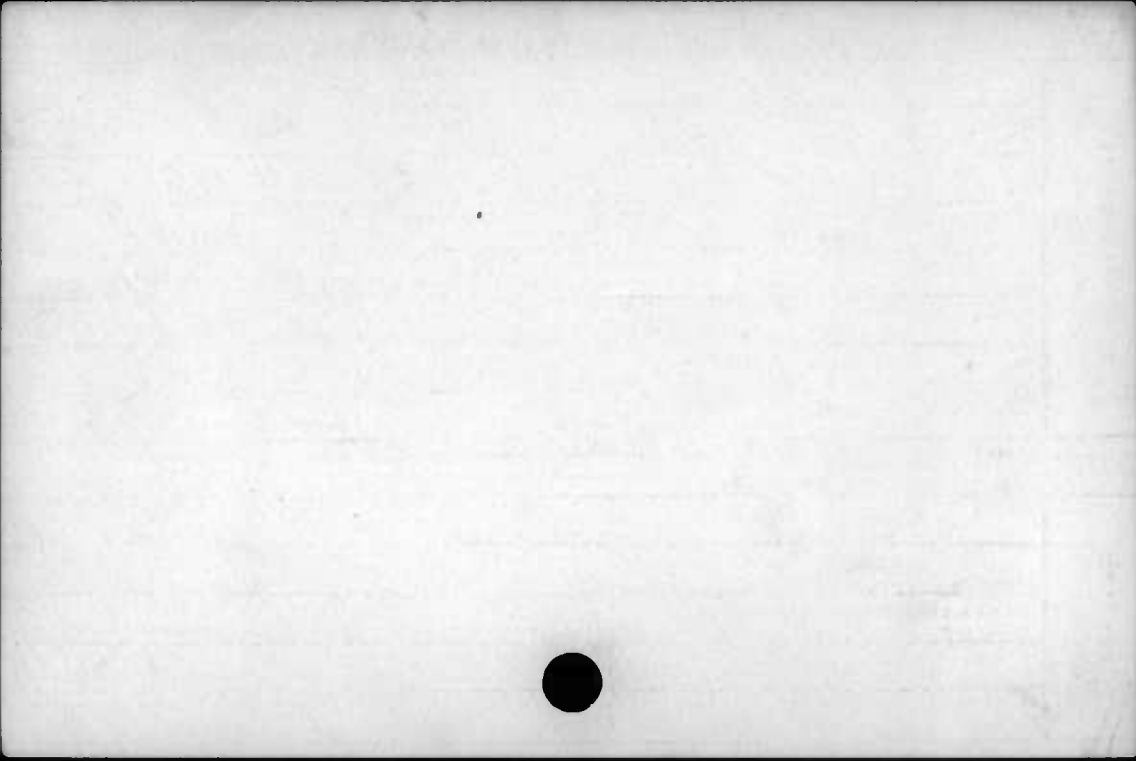
Are the name, age, sex, color, date
and place correctly given above?*yes.*Signature of
Physician*F. L. Link M.D.*

Address

*1313 N. North ave
Baltimore Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rachell L Soppington
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

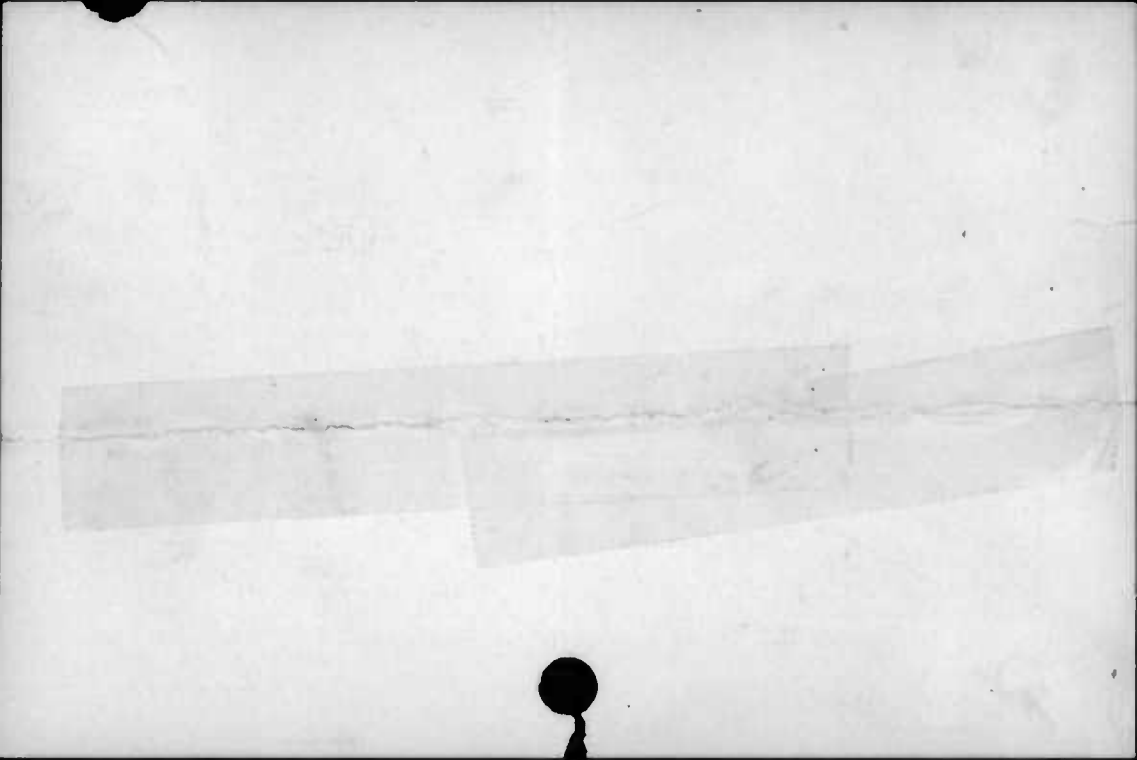
Died at		in		Anne Arundel		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death		1907	Dec	8 th	Age	43	
Sex	Female	Color or Race	White		Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death		resided at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		Dennis Wesley Soppington		
Father's Name	Wilson		Father's Birthplace		Maryland		
Mother's Maiden Name	not known		Mother's Birthplace		Maryland		
Name of person giving information	Chas L Soppington		How related to deceased		Son		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	10 days
Immediate	Pneumonia	How long	10 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Arthur Williams
		Address	Elk Ridge Md
Accident or Suicide?	no		



Name
in
Full

Mary L. Sellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hockley, near Pards St. A. Co.* Town *St. A. Co.* County

Date of death | 90 | 7 | Dec | 3 | Day | 45 | Years | Months | Days

Sex *Female* Color or Race *White* Birth-place *St. A. Co. Md*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Richard D. Sellman*Father's Birthplace *Md*Mother's Maiden Name *Evelina Dorsey*Mother's Birthplace *Md*Name of person giving information *Marnie Sellman*How related to deceased *sister*

CAUSES OF DEATH

10

Primary *La Grippe* How long *3 weeks*Immediate *Heart failure* How long *1 week*

Are the name, age, sex, color, date and place correctly given above?

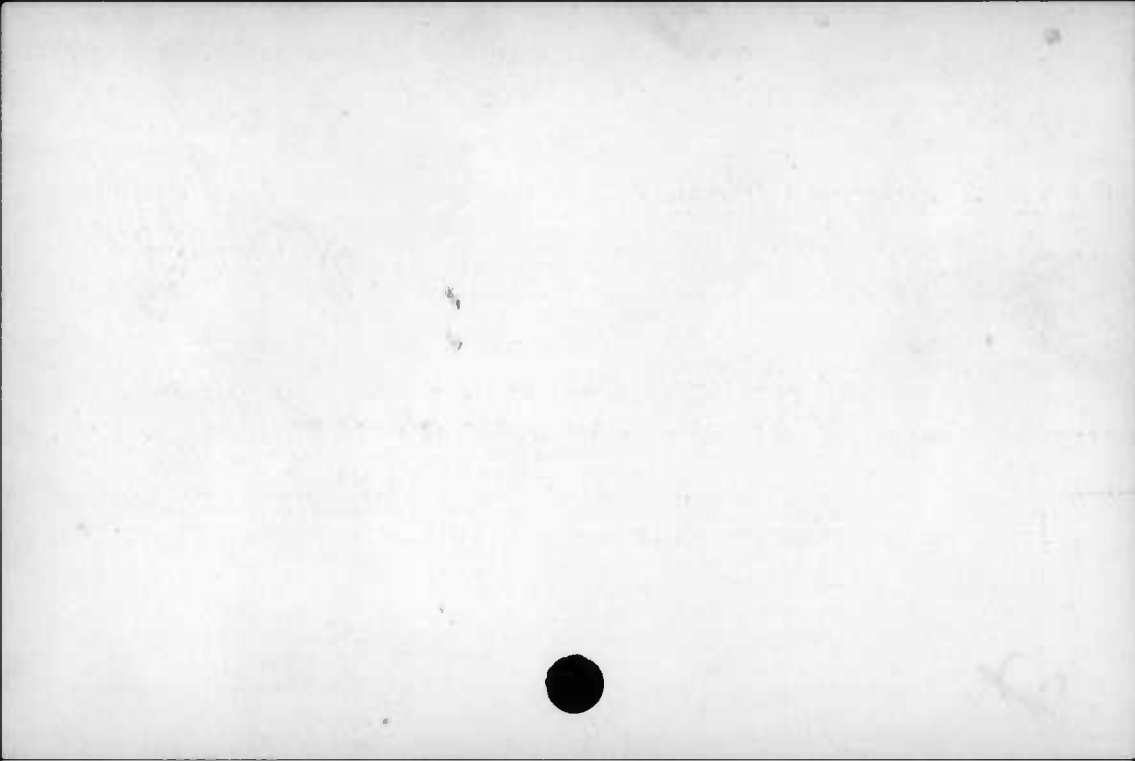
yes

Signature of Physician

Wm S Welch

Address

*Annapolis Md*Accident or Suicide? *—*



Name
in
Full

Mat Simacek

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

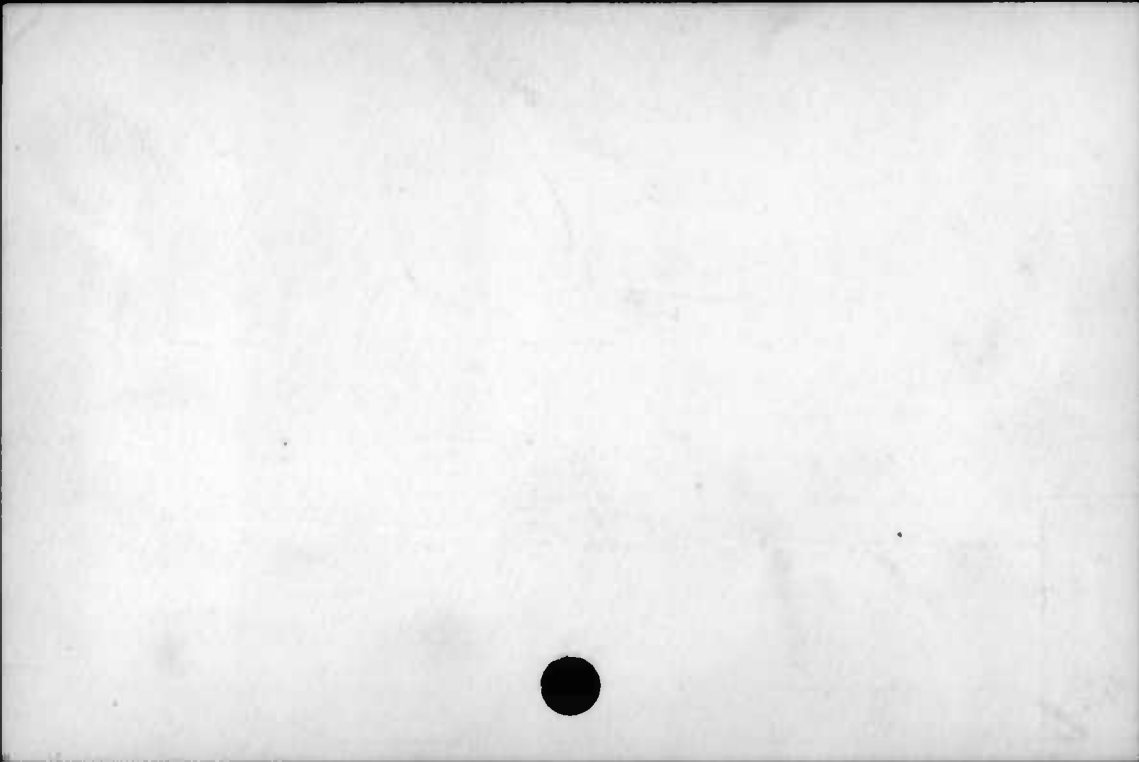
Died at <i>South Balto</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1907	Month	December	Day	7
Age	not known		Years		
Sex	Male		Color or Race	White	
Occupation	Labourer		Birth-place	unknown	
Where Residing if not at place of death			South Balto		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	unknown		Father's Birthplace	unknown	
Mother's Maiden Name	unknown		Mother's Birthplace	unknown	
Name of person giving information	Franki Olaschepski		How related to deceased	none	

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary	<i>Pistol Shot</i>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		<i>W. J. Schuch</i> Coroner	
	Address		<i>South Balto</i>	
Accident or Suicide?	<i>Suicide</i>		<i>A. A. Co Ind</i>	



Name
in
Full

Still Born

Simmons

CERTIFICATE OF DEATH

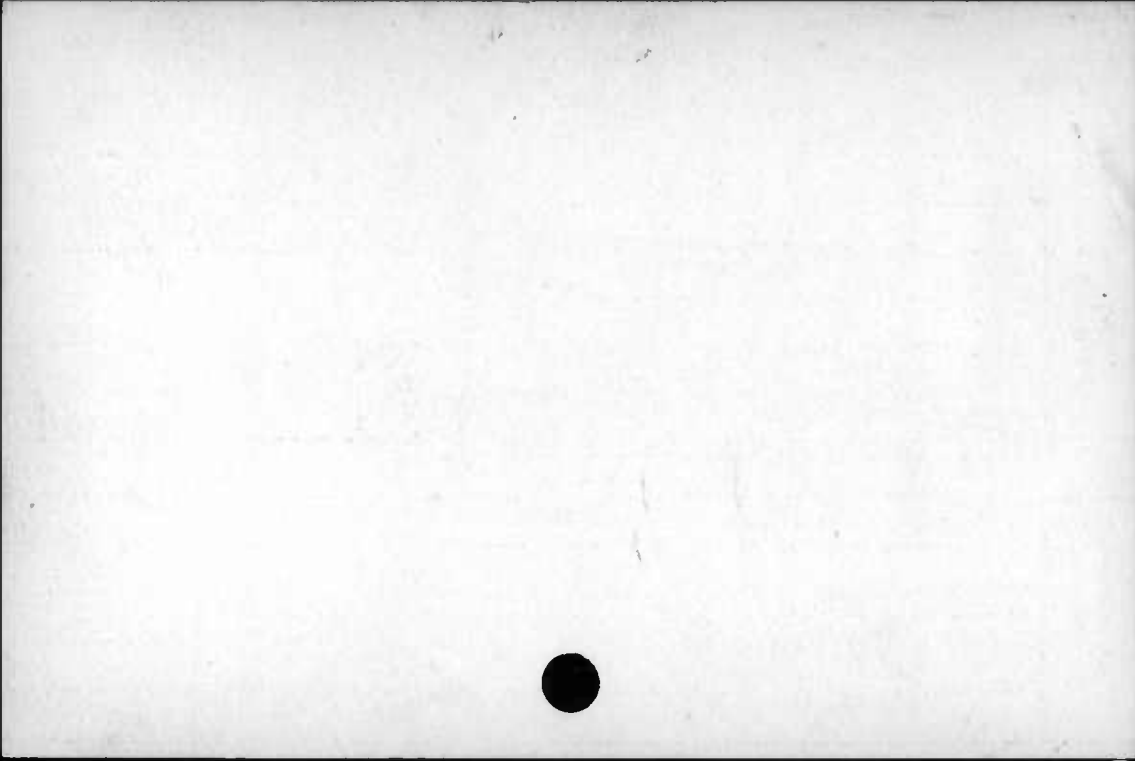
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ammaohio</i> ^{Town}		<i>a-a.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec.</i>	Day <i>12.</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colord</i>		Birth-place <i>Ammaohio.</i>		
Occupation <i>Unknown</i>			Where Residing if not at place of death <i>No 18. Colledge. Ave.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>				
Father's Name <i>Harry Simmons</i>	Father's Birthplace <i>Ammaohio</i>		Mother's Birthplace <i>Ammaohio</i>		
Mother's Maiden Name <i>Maggie Cornish</i>	How related to deceased <i>Aunt-</i>		Name of person giving information <i>Mary C. Robinson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still-born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>	
	Address <i>Ammaohio</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

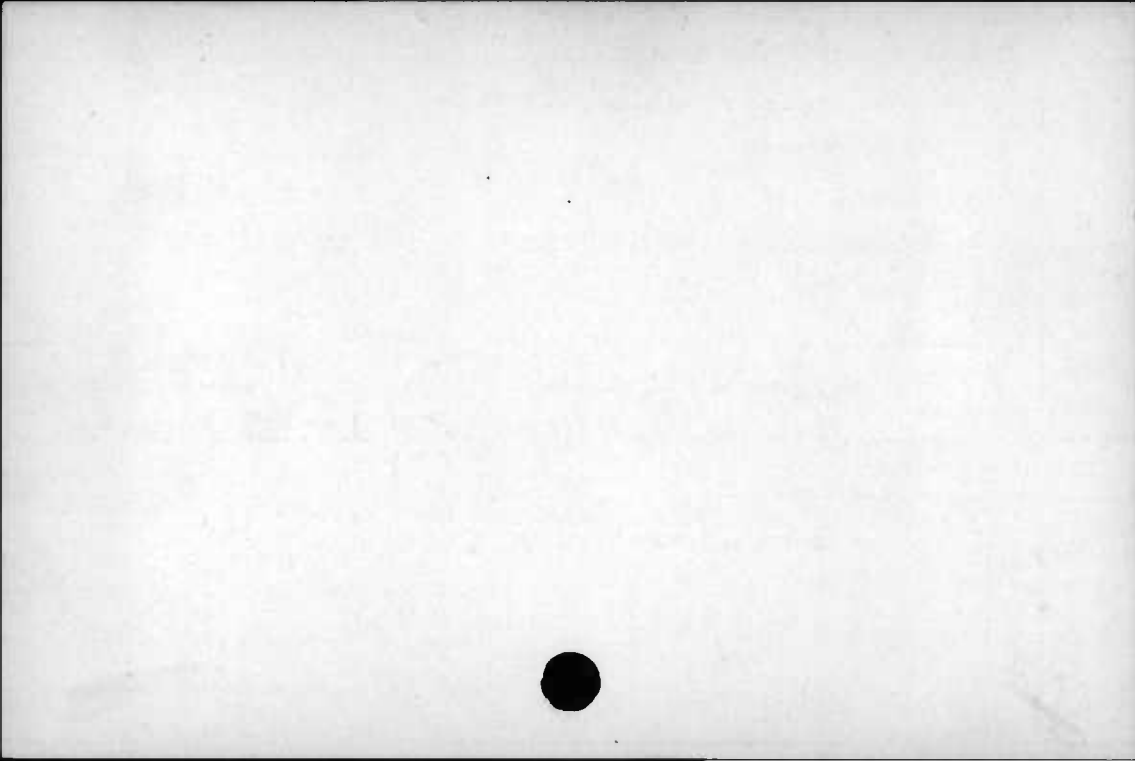
Name in Full <i>Lemuel Kemmerly Taylor</i>		Town <i>Annapolis</i>		County <i>A. A. Co.</i>		MARYLAND					
Died at <i>Annapolis</i>		Month <i>Dec</i>		Day <i>17</i>		Years <i>54</i>		Months <i>9</i>		Days <i>10</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>					
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>108 West St</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E Taylor</i>									
Father's Name <i>Lemuel Kemmerly Taylor</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Merry E Sawall</i>		Mother's Birthplace <i>Maryland</i>									
Name of person giving information <i>Mary E Taylor</i>		How related to deceased <i>Wife</i>									

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Hephum</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name in Full <i>Still Born. Thomas</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i> ^{Town}		<i>A. A.</i> ^{County}		MARYLAND
	Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>
	Sex <i>Male</i>	Color or Race <i>Colord</i>		Birth-place <i>Annapolis</i>	Months <i>—</i>
	Occupation <i>unknown</i>		Where Residing if not at place of death <i>South Street</i>		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown.</i>			
	Father's Name <i>George Thomas.</i>	Father's Birthplace <i>Annapolis Md</i>			
	Mother's Maiden Name <i>Grace Dobson.</i>	Mother's Birthplace <i>Annapolis Md</i>			
Name of person giving information <i>Rachel Dobson.</i>		How related to deceased <i>Grandmother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Still born</i>			How long	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>Wm S Welch Health Officer</i>	
	Accident or Suicide?			Address <i>Annapolis</i>	

Brewerhill

Name
in
Full

Chester T. Lellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

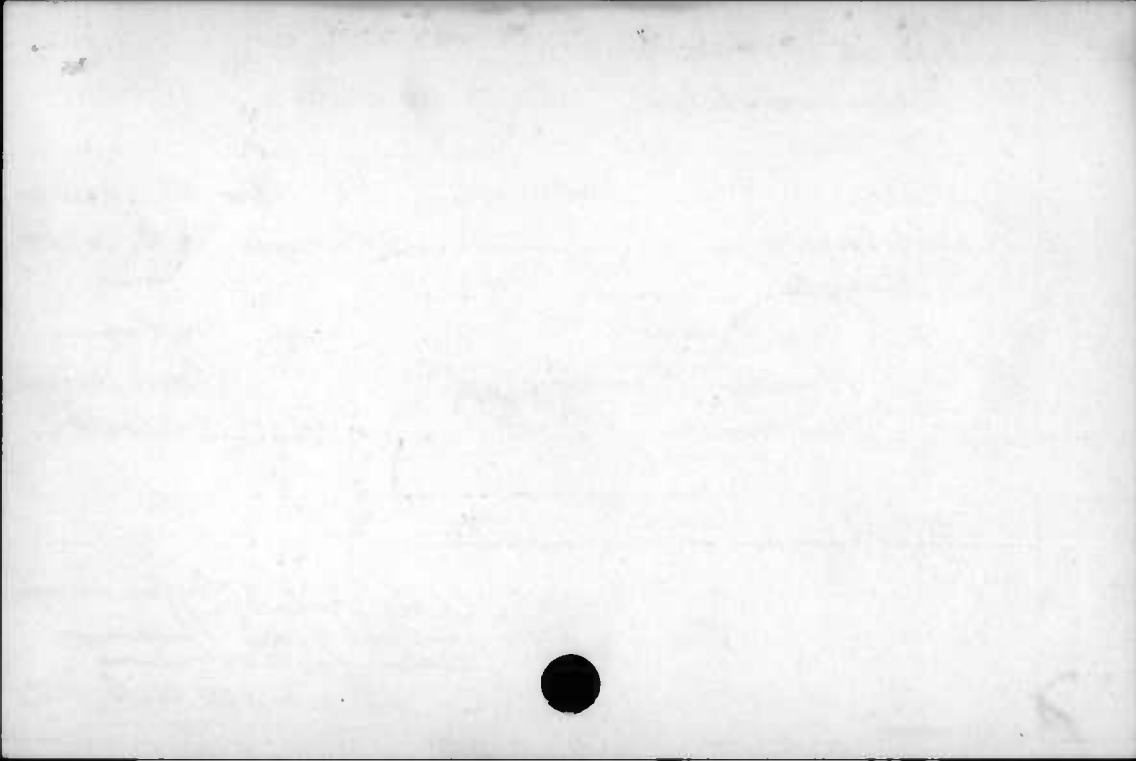
Died at <u>Brodwyn</u> Town		<u>Ba</u> County		MARYLAND	
Date of death	1907	Month	12	Day	2
Age	1	Years	5	Months	—
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Chloro	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Robert T. Lellman	Father's Birthplace			
Mother's Maiden Name	Maggie	Mother's Birthplace			
Name of person giving information	Robert T. Lellman	How related to deceased			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	3 days
Immediate	Meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	
	No	Address	
Accident or Suicide?	No		



Name

in
Full

Edward Walden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

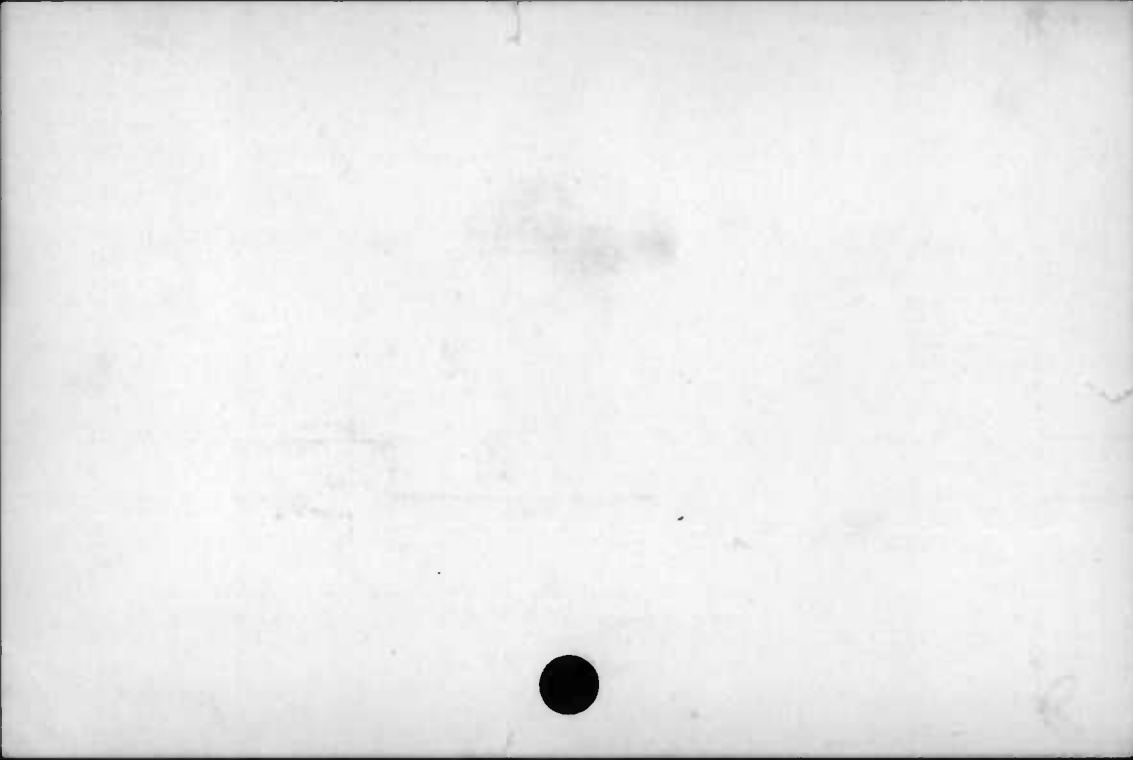
Died at <i>Robinson Station</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>14</i>	Years <i>25</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>North Carolina</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Robinson A.A. Co Md</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Nancy Venson</i>	Mother's Birthplace <i>North Carolina</i>				
Name of person giving information <i>Thomas Good</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Gunshot wound in neck</i>	How long <i>30 minutes</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Britton</i>
	Address <i>Justice of the Peace Adams corner P.O. Adams Co. A. C. P. Md</i>
Accident or suicide? <i>/</i>	



Name
in
FullWalton John J.
Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Annapolis

A. A.

Date

of death 190

Month

7 Dec

Day

28

Age

Years

Months

9 hours

Sex

male

Color or
Race

white

Birth-
place

Annapolis

Occupation

R

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John J. Walton

Father's
Birthplace

Ontario, Can.

Mother's
Maiden Name

Edna C. Shipley

Mother's
Birthplace

Baltimore Md

Name of person giving
Information

John J. Walton

How related
to deceased

Father

CAUSES OF DEATH

130

Primary

Anoxia

How long

2 hrs

Immediate

Apnea

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Walton H. Hopkins

Address

Annapolis Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E Wilkerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Friendship</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>12</i> <small>Month</small>	<i>26</i> <small>Day</small>	<i>30</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Friendship</i>		
Occupation <i>Domestic</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Honace Wilkerson</i>	Father's Birthplace <i>Friendship</i>		Mother's Birthplace <i>Friendship</i>		
Mother's Maiden Name <i>Sossey</i>	Name of person giving information <i>Thomas Powell</i>		How related to deceased <i>Friend</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis, Pulmonary</i>	How long <i>Several months</i>
Immediate <i>Heart exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Brayslaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	

